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UNIVERSITY OF ALBERTA

PERSONAL MEANINGS OF GRIEF AND BEREAVEMENT

by

GRAEME THOMAS CLARK

A Thesis

submitted to the Faculty of Graduate Studies and Research

in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

IN

COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

FALL, 1993

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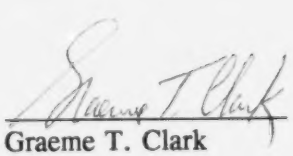

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Dr. Larry Cochran, External Member
University of British Columbia

June 17, 1993

DEDICATION

To the memory of my father

Thomas H. Clark

1909-1984

To my mother

Phyllis L. Clark

and

to my son

Benjamin T.R. Clark

ABSTRACT

In this study, six stories of unusually complicated bereavement are explored from a hermeneutic phenomenological perspective. The study focuses upon the question: What is the lived experience of grieving? Experiences of problematic bereavement are explored against the background of grieving in general. Through the craft of a hermeneutic text, the reader is drawn into an insightful and provocative interpretation of several thematic dimensions revealed in bereavement experience. The following themes are addressed: the nature of the reality of loss, the transformation of the personal meaning of the connection between persons, the character of human bonding which is revealed through grieving, bereavement as an ongoing experience of limbo and self-paralysis, and bereavement as a confrontation with death. Implications for theory, research and counselling are explored in the light of both existing theories, and human science research and literature related to human meaning and bereavement. Finally, the author's experience of the hermeneutic phenomenological approach as a research process is examined, and limitations of the study are noted.

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CHAPTER 1

ESTABLISHING A HOME FOR THE QUESTION

> New narratives open up new spaces in discourse that arise precisely from the gaps and silences of the previous era.
>
> (Bruner, in Turner & Bruner, 1986, p.152)

> ...even in the absence of consensus, working definitions determine the nature of the questions asked and the phenomena investigated.
>
> (Campos, Campos, & Barrett, 1989, p.394)

Introduction

Grieving and bereavement are among the most fundamental of human experiences, inevitable by virtue of our attachment to persons, to objects, and to dreams and expectations. Of all possible losses, it is widely accepted that the death of a loved one is among the most painful and distressing. In Canada, during 1989, approximately 191,000 individuals died, primarily from medical problems such as heart disease and cancer. Over 27,500 persons died by way of accidents, suicides and homicides (Statistics Canada, 1991). By conservative estimates, well over one million Canadians will live through the pain of bereavement in any given year.

While the grieving experienced by these persons will generally be difficult and distressing, a substantial number will suffer bereavement which is more problematic than usual. For example, of those conjugally bereaved, an estimated 15-25% will remain problematically distressed one year or more after the death (Jacobs, Nelson, & Zisook, 1987; Windholtz, Marmar, & Horowitz, 1985). Likewise, research has shown that the grieving associated with death in situations such as the loss of a child (Klass, 1988;

Rosen, 1988-1989), suicide (Ness & Pfeffer, 1990; Van der Wal, 1989-1990), murder (Stevens-Guille, 1992), sudden, unexpected demise (Parkes & Weiss, 1983; Scharlach, 1991), and dysfunctional relationship (Horowitz, Wilner, Marmar, & Krupnick, 1980), shows a greater likelihood of becoming complicated.

The study presented here focused upon the question: What is the lived experience of grieving? My specific interest is in disclosing the nature of grieving which is particularly problematic for bereaved persons. Such experiences, usually identified in clinical practice as "pathological" or "complicated", are explored against the background of grieving in general.

The study was carried out from a hermeneutic phenomenological perspective (van Manen, 1990). This means, first, that descriptive possibilities in the human experience of grieving, as it had been lived firsthand by participants, were collected. Second, these experiential possibilities were systematically interrogated and interpreted, so that their meanings were explored and made explicit in written text. The application of this methodology is particularly appropriate since the research effort endeavors to question existing concepts of grieving and complicated bereavement. Hermeneutic phenomenology is also suitable for the exploration of meaning issues, such as those which have been identified in the grief and bereavement field (Parkes, 1988).

Personally, the study is grounded in several ways. At the most basic level, it originates in the my personal and clinical experience. Over 9 years ago, both the divorce from my first wife and the death of my father exerted a profound impact upon my life. Many years of counselling medical-surgical patients and their families have also

convinced me of the power of such life events. Very recently, the unexpected deaths of my wife's parents and her grandmother have impinged upon the process of research.

Theoretically, the study emerges from and seeks to go beyond the shortcomings of mainstream research. It also builds upon human science research, for example, the phenomenological work of Cochran and Claspell (1987). These investigators put forth a paradigm case for the essential nature of lived grief experience. Grieving seemed to be structured as a story of personal transformation, with the meaningful themes integrated into a drama with a beginning, middle, and end. They wrote:

> In the beginning, a person is compelled by loss into the void of what is not. In the end, a person is compelled by gain into the fullness and richness of what is. One moves from a reality of what is not to a reality of what is... One dies to the world as it was and is reborn in a different kind of world, constructed from meanings gained in the experience. (p. 108)

However, when bereavement is unusually problematic for a person, the unfolding drama may take an errant path (Cochran & Claspell, 1987). The closure which enables survivors to re-engage in the fullness of living is not so easily attained. An exploration of the nature of these seemingly "errant" paths, against the background of grieving in general, is the goal of this investigation.

Conversations with one gentleman who took part in a pilot study generated many questions which illustrate the thrust of this effort. The man's wife had died from cancer over 2 years earlier. Her dying had been prolonged, difficult, and yet, in the end, unexpected by him and his family. Since then, Reuben had suffered severe depression. He found himself plagued by intense and troubling images of his wife on her deathbed. He felt he had been totally deprived of the opportunity to say goodbye to her. This loss

was irreparable, and he blamed both himself and her physician. In conversation, he angrily emphasized how physicians needed to learn more about communication with families of the terminally ill. At the same time, he spoke favourably of his ongoing involvement in a bereavement group, where he helped others cope with similar losses. The recent birth of his first granddaughter had given him a glimmer of hope for the future.

According to the dominant current conceptions of grieving, this man's behaviour fit a pattern of pathological bereavement, and some would say, of recurrent mental illness. He laboured under the weight of unending grief. He suffered major depression, and was obsessed with his crusade to change the system. Although over two years had passed, he remained preoccupied with the loss of his wife and with his personal inadequacies in having handled her terminal illness.

These experiences of grieving highlight less understood aspects of living with loss. For instance, although Reuben's wife had died, their relationship had not ended. If a relationship does not just end at death, but continues on in some way, what meaning does a person find in this? If, as a therapist, I resisted the tendency to classify his behaviour as pathological, how else could I conceptualize it? Was it possibly a creative effort to live with loss? Was he paying penance for perceived inadequacies in managing his dying wife's care, or was he salvaging whatever meaning he could from the most difficult of circumstances? How might his "crusade" be a vital part of his recovery? By making his wife's death less pointless? By restoring his belief in his own basic effectiveness? Was his bereavement creating an opportunity, opening a space for

personal development and for the forging of a new identity? What were the lived meanings of a bereavement such as his?

I wondered if certain bereavements inevitably raised extremely problematic questions for survivors, questions of whether or not one is able to stand on one's own, questions of the world's safety and predictability, and questions of one's limits and personal responsibilities. Some meanings may be more difficult and troubling to live with than others. Rather than assuming I already knew the nature of these experiences, I began to ask "what is this experience like? what is its significance?"

In following sections of this chapter, current perspectives on grieving and bereavement will be critically analyzed so as to elicit the assumptions which underlay mainstream research and theory-building.

Existing Perspectives on Grieving

Existing models establish the norms by which we perceive, research and counsel persons regarding grieving and bereavement. The assumptions underlying these models represent decision rules which will guide interpretation of related phenomena. While our preunderstandings of bereavement are likely to illuminate many aspects of the experience, meaningful dimensions may also be inadvertently concealed or silenced by lack of recognition. Thus an exploration of preunderstandings, by way of explicating the assumptions inherent to existing models, is the necessary starting point for the study.

General Trends

If an initial understanding of grieving and bereavement is based upon predominant models and research in the published literature, a number of trends can be discerned.

Approaches to grieving and bereavement are changing. There is movement from a global conceptualization to a more fine-grained and specific understanding, with attention to individual differences. Whereas early theory has derived largely from research with widows, increasing scrutiny of other loss situations is showing the limitations of basing theory on only a select population. Other loss contexts now studied include parental loss of children (Klass, 1988), perinatal loss (Rosenblatt & Burns, 1986), and loss by suicide, homicide or diseases such as AIDS (Sanders, 1989; Stevens-Guille, 1992).

The findings from these studies challenge conceptions of what grief resolution involves and how it proceeds. It has long been clear that a significant percentage of the bereaved become "stuck" in their efforts to recover from a loss (Freud, 1917/1959). On the other hand, there is increasing recognition that grieving and bereavement may have positive features with respect to meaningful personal development (Cassem, 1975; Schneider, 1984; Kessler, 1987). There is a move away from simply cataloguing the salient physical and emotional symptoms of grieving, to clarifying how these changes occur through a process of grief resolution. There is also recognition of the need to understand what the changes mean in terms of world view and identity (Hansson, Stroebe & Stroebe, 1988).

Overall, key questions have been raised with respect to the nature of grief work and grief resolution, the length of grieving, the role of social support, the importance of control, and risk factors for complicated bereavement (Hansson & Remondet, 1988; Hansson, Stroebe & Stroebe, 1988; Stroebe & Stroebe, 1987; Wortman & Silver, 1989). Given the blossoming of research in this area, management and integration of new

information is also an issue. For models to be adequate, they must become increasingly multidimensional in treatment of cultural, biological, psychosocial and spiritual variables (for examples, see Sanders, 1989; Averill & Nunley, 1988; Schneider, 1984). Popular literature has perhaps come closer than formal theory-building to capturing the lived, holistic nature of bereavement experience (e.g., Colgrove, Bloomfield & McWilliams, 1976; Jones, 1988).

A natural science perspective lies behind most research and theory building. Stroebe and Stroebe (1987) reviewed and criticized research on the basis of empirical research design. It is generally assumed that a sufficient number of well-controlled studies, adding piece by piece to the cumulative knowledge about grieving, will enable the building of a theoretical model which validly represents the objective reality of the experience. Having been based on acceptable scientific methodology and representative samples of subjects, these studies will be replicable. If authority is granted to this privileged knowledge, counsellors will assume they know what to expect and what to do when confronted with a situation of loss. Counsellors may feel unduly confident in generalizing knowledge to a wide variety of situations or expect responses which do not fit the client's experience.

Grief, Grieving, Mourning and Bereavement

The word grief is often used in a manner synonymous with the entire bereavement process. A variety of distinctions can be made regarding the terms grief, grieving, mourning and bereavement, but in practise they are used almost interchangeably. To be precise, grief refers to an emotion (Averill, 1968; Cochran & Claspell, 1987), but it is

most often used to describe the "process of psychological, social, and somatic reactions to the perception of loss" (Rando, 1984, p. 15). Probably the more preferable term to use is grieving, which refers to an active, all-encompassing coping process (Attig, 1991). Mourning has referred to either psychological processes of undoing (Freud, 1917/1959; Raphael, 1983) or to the cultural rituals performed around a death (Rando, 1984). Bereavement, the overall condition of having suffered a loss, is an umbrella term subsuming the various processes of grief and mourning (Rando, 1984). This multiplicity of meanings seems to reflect the difficulty of adequately grasping such a complex and multidimensional experience.

Grieving and Context

A number of related assumptions are clustered under the over-riding trend to consider grieving as a universal process which can be understood independent of the context in which loss occurs. As such, it is a process which has often been implicitly regarded as consistent across all adult ages, across different kinds of losses, across different relationship contexts, and even across all cultural and historical groups. Perhaps this assumption has derived historically from the focus within empirical science upon discovering generalized laws of behaviour. At any rate, until recently it has led investigators away from particular and idiosyncratic contexts of bereavement toward a search for more universal dimensions.

One example of how grieving has been decontextualized is found within the predominant psychological perspective that grief occurs primarily within the person (see Rosenblatt, 1988). With respect to complicated or pathological grieving, the implicit

assumption has been that the person suffers from illness or personal deficiency. Intrapsychic emotional and cognitive processes have been emphasized, to the neglect of how grieving is lived in an inter-connected way through bodily experience, through one's personal identity, through one's physical surroundings, through one's social and cultural world, and in time. At another level of context, consider how sociocultural factors contributed to bereavement in the following instances: first, when Israeli parents lost a son in the Six Day War, and second, when American parents lost a son in the late stages of the Viet Nam War. The bereavement of both sets of parents was no doubt painful, but in one instance the family was publicly honoured for their sacrifice to the cause, while in the other, the sacrifice could hardly be acknowledged in public since the cause was considered dubious or even worthy of scorn.

It has generally been assumed that grieving begins at the time of actual death, and that all deaths are alike. Although Lindemann identified anticipatory grief as early as 1944, the majority of research does not consider the possible impact of this phenomena. Available research suggests, however, that anticipatory grieving very likely moderates the impact of loss (Siegel & Weinstein, 1983; Rando, 1986), and that in contrast, sudden, unexpected death is one of the more problematic contexts in which to grieve (Parkes & Weiss, 1983).

It is also generally assumed that bereavement involves one loss, the death of a person, and that this is the most important feature of the situation. As Parkes (1988) notes, however, an actual death is only the first of many related losses. The extent and meaning of one's loss is related not only to the nature of the bond (Weiss, 1988), but

also to the holistic context of the relationship. Thus, Klass (1988) showed that to understand parental grief following the death of a child, we must understand the nature of a parent's relationship to a child in our culture. Parents almost universally struggle with their perceived failure to protect, and suffer many losses as they live through the milestones their child would be reaching.

The Process of Grief Resolution

Predominant models have pictured grieving as a sequential, predictable and largely linear progression of emotional and cognitive changes occurring over time. This process has been organized in terms of stages (Kubler-Ross, 1969), phases (Bowlby, 1980), and tasks (Worden, 1982; Parkes & Weiss, 1983). Unfortunately, in spite of the efforts most writers now make to clarify the overlapping and interconnectedness of these processes, many caregivers (both professional and family) remain burdened with a limited view of responses which are considered normal (see Wambach, 1985-1986). While these models have provided useful frameworks for organizing the complex symptomatology of grieving, they fail to portray the possible meanings of loss and how surviving persons may live through these meanings in a specific life context.

Although models do not usually specify the length of time that grieving takes to resolve, a period of from 12 to 24 months has come to represent the accepted standard because the majority of people seem to take this long (e.g., Vachon, Rogers, Lyall, Lancee, Sheldon, & Freeman, 1982a). Again, these estimates are based largely on conjugal loss. In considering the time and nature of resolution, Weiss (1988) raises the

issue of whether or not the process would be better called another name, such as adaptation or accommodation.

From Freud (1917-1959) onward, it has been widely assumed that grief resolution, the work of grieving, necessarily entails a painful emotional catharsis. In his posthumous collection of papers, Lindemann (1979) defined grief work as "the effort of reliving or working through in small quantities events which involved the now-deceased person and the survivor" (p. 234). Stroebe and Stroebe (1987) conclude that "grief work is the only strategy of emotional control that leads to a healthy resolution of the emotional reactions to loss" (p. 97). The use of the phrase "grief work" frames grieving as a negative experience, one which must be overcome by way of effort.

The Freudian perspective implicitly holds that a certain amount of emotional energy must be expressed for recovery to occur, so that the ego is released from its attachment (e.g., Deutsch, 1937). Recent research has raised questions regarding the conditions under which this is true. For instance, Parkes and Weiss (1983) questioned the efficacy of encouraging catharsis in cases of chronic dependent grief. Wortman and Silver (1989) note that many studies (e.g., Vachon et al., 1982a, 1982b; Parkes & Weiss, 1983) correlate early levels of high distress with poor long-term adjustment. They question whether distress and depression are necessary, inevitable and essential to grief resolution. Questions concerning the "working through" of loss are also raised, lending support to Stroebe and Stroebe's (1987) observation that little is known regarding the specific details of this process.

Parallel with assumptions about catharsis, grieving has also been characterized as entailing predominantly negative emotions and cognitions. Until recently, this view has led investigators away from considering the possible gains emerging from the experience (Parkes, 1988). There is little mention in the literature of the possible value of hope, warm memories, laughter or humour in inspiring persons through the "valley of the shadow of death."

It is widely held that social support, either actual or perceived, is essential to grief resolution. Work from the symbolic interactional, social constructionist and cultural perspectives (e.g., Averill & Nunley, 1988; Lofland, 1985; Rosenblatt, 1988) lends support to this view. It is possible that social support provides the context which facilitates a gradual restoration of meaning and identity. In the absence of perceived social support, grieving seems severely hindered. For example, Lopata (1975) enumerated the difficulties encountered by widows in reconstructing their identities when no meaningful social role was available. Stroebe and Stroebe (1987) assert that social relations facilitate grief work through providing a supportive atmosphere in which the bereaved can express feelings, explore the impact of loss, clarify the meaning of the event, carry out social comparison processes, and receive encouragement and acceptance to counteract anxieties, despair and loneliness. Tangible aid and information may also be offered.

Findings from social support research relative to bereavement are compatible with these propositions, and show considerable consistency. Social exchanges involving advice-giving, encouragement of recovery, minimization of loss, reassurance,

interpretation, and identification with feelings are often perceived as unhelpful (Davidowitz & Myrick, 1984; Lehman, Ellard, & Wortman, 1986; Maddison & Walker, 1967; Wortman & Lehman, 1985). Conversely, social exchanges which invite the expression of feelings, allow contact with others sharing similar experiences, provide simple presence, compliment the deceased or share memories of the deceased, are usually perceived as helpful. Perhaps the former interactions block bereaved persons from grieving, while the latter provide an atmosphere of safety, validation, permission and belonging in which to gradually acknowledge and create a new reality.

The Outcome of Grieving: Identity and Meaning

It is widely assumed that there is a final outcome to healthy bereavement, involving the attainment of a new identity and assumptive world (Parkes, 1988). While this outcome may be defined by a return to pre-bereavement levels of functioning (Weiss, 1988), one's assumptions about oneself and about one's world are irrevocably changed. Implicit to this assumption is the notion that with death and the ensuing grief process, a relationship is ended. Bereavement models tend to emphasize that as the reality of a death is gradually accepted, a person learns processes we could describe as "letting go" and "moving on." Certain forms of "hanging on" to the past relationship are clearly considered pathological (Volkan, 1972). However, studies such as that by Klass (1988) are showing that a relationship does not simply end, but rather, is transformed in some way so as to provide solace, comfort and meaning.

Paradoxically, although ideas concerning identity and assumptive changes imply that grieving cannot be understood without reference to personal meaning, issues of

meaning in grieving have been largely ignored in the literature, with only a few exceptions (e.g., Craig, 1977; Florian, 1989-1990; Hofer, 1984; Kessler, 1987; Marris, 1986; Smith, 1975). Stroebe & Stroebe (1987) have written that the "meaning of death to the bereaved, as has been seen not only for cancer and cardiovascular heart disease, but also for suicide and wartime deaths, is critical to outcome" (p. 214). The importance of meaning is implicit to perspectives which emphasize changes in world view and identity.

The cognitive emphasis of current bereavement models is perhaps indicative of the critical role of meaning and consciousness in human psychology. Mainstream empirical psychological science is ill-equipped to explore this realm, both generally and with respect to grief research (Van der Wal, 1989-1990). In my view, the range and variability of grieving cannot be understood without explicit recognition of this capacity to process information in meaningful ways and to thereby articulate human behaviour. Although the cognitive dimension has been recognized by all bereavement perspectives except pure behaviourism, issues of consciousness and meaning have not received an adequate accounting.

One of the most eloquent statements concerning bereavement and meaning has been expounded by Marris (1986). Accepting the capacity to conceptualize as an innate human tendency, Marris conceives of bereavement as a disintegration of meaning. Grieving then becomes a search to recover meaning, so that grief is mastered by "abstracting what was fundamentally important in the relationship and rehabilitating it" (p. 34). If the search for meaning is not resolved by the bereaved person, depression,

described as a "perverse reintegration, where worthlessness is conceived to make sense of futility" (p. xi), may result. Given that a person's structure of meaning evolves through experiential connection with others from birth onwards, attachment and meaning are inseparable aspects of the human condition.

Other bereavement theorists have described the vitality and strength of this human dimension. Hofer (1984) elaborated a fascinating set of speculations on the connections among meaning, mind and body. Hoagland (1984) drew parallels between bereavement processes and personal construct theory, which acknowledges the fundamental human orientation to understand, predict and control. Becker (1962) developed a related perspective in formulating a theory of depression. He wrote as follows:

> Man's need for appreciation of the meanings of things testifies largely to the high-level cognitive facilitation of action. "Meaning" is the elaboration of an increasingly intricate ground-plan of broad relationships and ramifications, which permits ego mastery and, therefore, action. Man's symbolic life is an imbibing of meaning and a relentless creation of it. (p.29)

Becker identifies the person as a primary social being, and specifies that loss in the instance of depression is comprised of not only object loss but also game loss, that is, the loss of guidelines governing significant action. Object loss thus entails removal of meaning, removal of validation and removal of identity. Since one's synthesis of meaning is tied to both action and self-worth, the loss of meaning implicit to object loss leads to inactivity and threatens self-esteem.

Along similar lines, a more recent investigator, Taylor (1983), developed a theory explaining cognitive adjustment to threatening events such as cancer and rape. She

proposed that cognitive adaptation revolves around the three themes of searching for meaning, gaining mastery and enhancing self-esteem, as below:

> Meaning is addressed by such cognitive processes as finding a causal explanation for the experience and restructuring the meaning of one's life around the setback. Mastery involves efforts to gain control over the threatening event in particular and over one's life more generally by believing that one has control and by exerting behavioral control over threat-related events. Self-enhancement occurs by construing personal benefit from the experience, by comparing oneself with others who are less fortunate, and by focusing on aspects of one's own situation that make one appear to be well off. (p. 1170-1171)

Taylor suggests that cognitive adaptation efforts are based largely on illusions that have no "factual" basis or are self-protective in nature. This observation is interesting in the light of Solomon's (1985) finding that the illusory belief in one's power to return a person to life figures prominently in ongoing guilt and anger among relatives of suicide victims. Such a belief would clearly impede movement toward a sense of meaning, mastery and enhanced self-esteem.

Errant Paths

The assumption that grieving is a normal, natural process permeates the literature from Freud's time onward. Grief is thus an innately known experience, endured in a largely passive manner (Attig, 1991). Currently, uncomplicated bereavement is included as a V code in the DSM-III-R (American Psychiatric Association, 1987). Presumably other grief-related conditions can be classified according to an Axis I mental disorder. Historically, the assumption of normalcy focused attention on factors which impeded resolution. This negative orientation has more recently been countered by a search for protective or otherwise beneficial factors from the stress and coping, humanistic-

transpersonal and existential perspectives (e.g., Attig, 1991; Campbell, Swank, & Vincent, 1991; Schneider, 1984).

Implicit to the normalcy assumption is the suggestion that at some point an unnatural turn may be taken. Variations which do not fit the normative pattern are considered pathological or morbid. From this categorical, either/or perspective, it is generally held that complicated grieving is a pathological variation of the normal grief process (Middleton & Raphael, 1987; Horowitz et al., 1980). It is grieving which is prolonged, unduly intense, absent or otherwise distorted in form, presumably due to intrapsychic pathology. The most salient distortions are with respect to the emotional dimension. Little emphasis has been given to changes in world view and identity, to the meaning of grieving, in these instances. An exception is found in the work of the Horowitz group (1980), who describe complicated bereavement following the death of a parent in terms of dysfunctional self-images which are activated so as to interfere with the natural mourning process of relationship review. The conflicted meanings of these past troubled relationships are intensely aroused and obstruct healing.

A number of risk factors and clinical signposts may be suggestive of complicated grieving. Risk factors can include lack of social support, relational and personality difficulties, the presence of multiple stressors, stigmatized loss, and mode of death (see Stroebe & Stroebe, 1987; Worden, 1982; Sanders, 1989). Suspicious clinical signposts include depression (often complicated by self-reproach, hostility, or guilt), hyperactivity without a sense of loss, facsimile illness, increased psychosomatic complaints, lasting

alterations in relationships, and unwillingness to disturb material possessions of the deceased (see Lindemann, 1944; Windholtz et al., 1985; Sanders, 1989).

The dividing line assumed to fall between normal and complicated grieving is unclear on a number of dimensions. For example, Vargas, Loya and Hodde-Vargas (1989), in a study of close relatives bereaved by accidental death, suicide, homicide and sudden natural death, noted that symptomatic features associated with pathological grieving were common across the sample. As well, it was noted in earlier discussion that the issue of time duration required for resolution is in question, and that the treatment of all losses as equal, without regard for context and for the personal meaning of loss, has glossed over individual differences in the experience.

The Treatment of Grieving

The majority of research in grieving and bereavement has been implemented with an interventionist perspective in mind. The assumption prevails that if we can describe the normal pattern of grieving and identify those vulnerabilities which predispose one to complications, we can intervene more effectively. Intervention may support the normal process, prevent complications, or address existing pathology. While the interventionist perspective is critical to the work of most health professionals, dangers can arise if one forgets that it is based on a limited normative understanding.

Complicated grieving has generally been treated with methods aimed at unblocking the hindrances to normal grieving. As noted earlier, the prevailing assumption that cognitive-emotional catharsis is a necessary and sufficient condition of effective grieving has been challenged. Parkes and Weiss (1983) pointed to the

shortcomings of abreactive treatment in cases of dependent grief syndrome, where self-esteem building and measures to increase autonomy may be more efficacious. Numerous investigators have determined that early, intense emotional expression correlates inversely with positive resolution (e.g., Wortman & Silver, 1989). Other studies with bereaved spouses and bereaved parents, respectively, suggest that catharsis, emotional support and cognitive restructuring are insufficient conditions for grief recovery without the addition of ongoing social exchange within a self-help group (Lieberman & Videka-Sherman, 1986; Videka-Sherman & Lieberman, 1985).

Summary of Existing Perspectives

While recognizing that mainstream perspectives are complex, multifaceted, and clearly in transition, a number of dominant guiding assumptions have been identified. These key assumptions can be summarized as follows:

1. The essential process of grieving and bereavement will be similar for each person, irrespective of position in the life cycle, mode of death, nature of the shared bond, sociocultural membership, or historical context.

2. The universal process of grieving is a sequential, predictable and largely linear progression of emotional and cognitive changes occurring over time.

3. Grieving is a normal, natural process, endured in a largely passive manner by the bereaved.

4. Grieving is primarily an intrapsychic process.

5. Bereavement involves one loss, that of a person's life. With the reality of that loss and the ensuing grief process, a relationship is ended.

6. Recovery from bereavement should be expected within a time frame of from 12 to 24 months.

7. Grieving begins at the time of actual death.

8. Grief resolution necessarily entails a painful emotional catharsis.

9. Social support, either actual or perceived, is essential to grief resolution.

10. The final outcome of healthy bereavement will involve the attainment of a new identity and assumptive world.

11. Complicated grieving is a pathological variation of the normal grieving process, which is prolonged, unduly intense, absent or otherwise distorted in form, presumably due to intrapsychic pathology or some deficiency in the person.

12. If the normal pattern of grieving and those vulnerabilities which predispose a person to complications can be described, interventions will be more effective.

Existing perspectives clearly contribute to our basic understanding of grieving and bereavement. However, to date, formal investigations have been dominated by natural science approaches pursuing the universal dimensions of grief experience. As a result, research and the generation of theory have been limited in respect to the elaboration and exploration of meaning issues. Although experiences of meaning may tap into universal existential themes, meaning tends to be distinctly personal, set within the context of one's specific life story and experiences. As noted earlier, losses may well raise extremely problematic questions for survivors. Am I able to stand on my own? What is the point of going on when life is without meaning? How can I live in a world so unsafe and unpredictable? How can I take the risk of loving again if it might expose me to this kind

of pain? Questions of meaning such as these have been identified as critical to our understanding of bereavement, yet few research efforts have taken this focus. The investigation of "errant" paths of bereavement from the perspective of meaning is thus the central aim of this investigation.

CHAPTER 2

A WAY TO UNDERSTANDING BEREAVEMENT EXPERIENCE

> According to a narrative theory of human existence, a study needs to focus its attention on existence as it is lived, experienced and interpreted by the human person.
>
> (Polkinghorne, 1988, p.125)

Introduction

As shown in Chapter 1, current models of grieving tend to yield a linear understanding, impoverished of human meaning. A humanistic understanding of bereavement is required, one which integrates person, context and experience in a manner consistent with human existence. Questions of meaning have been largely ignored in research. Empirical psychological science is ill-equipped to address such questions as raised in the grief and bereavement area. With its emphasis on human meaning in lived experience, a hermeneutic phenomenological approach seemed particularly well-suited to this undertaking.

The present study is thus an effort to move beyond existing notions of grieving and complicated bereavement. It entails a return to the first-hand lived experience, to disclose dimensions of meaning more clearly. The study aims to penetrate the silent taken-for-grantedness of mainstream psychological theory.

Through the explorations comprising this study, it is hoped that the reader's understanding of bereavement and complicated grieving will be deepened. Some portions of the final text may resonate with experiences the reader has encountered. Others will challenge existing understanding so grieving is seen in a new light. From a perspective

of deeper insight, the study turns homeward again to discuss anew the adequacy of present theories.

Ultimately, a counsellor's understanding of human experience is the basis for tactful action in the therapeutic encounter. It is here, in the realm of understanding as the basis for action, that the existential significance of this study lies (see Colaizzi, 1978). When the reader intervenes with persons experiencing problematic bereavement, symptomatic complaints and emotional turmoil may be viewed from a more holistic perspective. Clients' expressions of personal meaning may be more readily affirmed and utilized to facilitate therapeutic transformation to a new identity and world view.

The following specific objectives guided the conduct of this study:

(1) To collect descriptions of bereaved persons' experiences of loss, in situations typically associated with problematic bereavement.

(2) To analyze and explore these descriptions along with relevant data from literary sources, using phenomenological and hermeneutic methods so as to craft a textual understanding of grieving.

(3) To utilize these understandings as the basis for reflection upon existing perspectives of grieving, bereavement, and bereavement counselling.

Hermeneutic Phenomenology and Human Experience

The hermeneutic phenomenological approach to studying human experience is based on description and interpretation. Phenomenology is a tradition emphasizing the descriptive study of lived experience (Giorgi, 1985). It is oriented around the question, "What is this particular experience like?" (van Manen, 1990). The approach begins not

in the abstract world of theory and concept, but in the lifeworld, the pre-reflective world of spontaneous, everyday living.

Hermeneutics originated in the interpretive study of biblical texts, but has been applied to the study of human behaviour as a text. The Greek origins of the word "hermeneutic" refer to the wing-footed messenger god, associated with the function of "transmuting what is beyond human understanding into a form that human intelligence can grasp" (Palmer, 1969, p. 13). With recognition that both description and interpretation rely upon language as the medium of knowing reality, hermeneutic phenomenology has also been influenced by the field of semiotics (van Manen, 1990). Semiotics, the study of signs, explores the ways in which we encode our experience in certain styles of action and symbolism. Thus, in summary, it can be said that in hermeneutic phenomenology the meanings implicit to descriptions of lived experience are rendered explicit through the reflective and creative use of text.

Human science approaches to the study of experience, such as hermeneutic phenomenology, stand in contrast to the predominant natural science perspective of Western psychology (Colaizzi, 1978; Giorgi, 1985; Lincoln & Guba, 1985; Kvale, 1983; van Manen, 1990). Human science is concerned with questions of meaning in an effort to understand the significance of experience, whereas natural science tends to address problem questions in an effort to predict and control. Whereas natural science is primarily concerned with confirming or disconfirming hypotheses, human science is a discovery method. The more pure forms of natural science profess a value-free and objective interest, assuming that an investigator can be separate from the object of

investigation. In contrast, human science acknowledges an imbedded value orientation, assuming that the investigator can only know reality from within the stream of intentional consciousness. Reality does not exist apart from a person, in an objective form, but is known through historical consciousness. Persons are inextricably attached to the world, and meaning is revealed as being is lived out. According to a pure natural science view, knowledge and truth are realities which exist "out there," and can be modelled in precise and corresponding theory. Such knowledge is accorded a privileged status by virtue of the scientific method. In contrast, human science asserts that knowledge and truth are created in the human lifeworld. The truth value of knowledge is socially and historically constructed and validated.

As a human science or qualitative approach, hermeneutic phenomenology begins from a point of questioning the taken-for-grantedness found in our understanding of particular human phenomena (van Manen, 1990). It is an approach aimed at uncovering and disclosing the essence of an experience, the essential structure, that which makes a particular experience distinct. When conducting a study from this perspective, every effort is made to acknowledge existing biases and preunderstandings, so that the essence of a phenomenon can show itself.

The essential structure is composed of the most basic and invariant constituents of that experience. These constituents are called themes (Giorgi, 1985). A theme is a phrase or statement which captures a meaning in the flow of experience (van Manen, 1990). It is a way of condensing lived experience, in an effort to capture or point to the

significance of a particular phenomenon. A theme is a way of summarizing, of structuring an experience, so it can be understood for meaning.

Lived experience refers to our everyday experiencing, as we live it in the here and now moment of the lifeworld (van Manen, 1990). It is prereflective and preconceptual, embodied in the whole person and context. Lived experience is only available retrospectively to the researcher. In a typical hermeneutic phenomenological approach, to describe and interpret the essence of an experience many concrete examples of the experience are first collected (Polkinghorne, 1981). Then, through the process of phenomenological reduction (see below), the implicit meanings are thematized. As Packer (1985) notes, we find meaning in our social action "by understanding what human purposes and interests the action serves" (p. 1086).

Phenomenology has been called a science of examples (e.g., van Manen, 1990). It is iconic, in that examples and anecdotes are used to show various dimensions and shades of meaning. While it is concerned with the most invariant essence or structure of an experience, it does so through exploration of the particular and the unique. Once themes are drawn out through a systematic phenomenological reduction, they are interrelated and made as explicit as possible through textual interpretation.

As van Manen (1990) makes clear, hermeneutic phenomenology ultimately values the personal insight "contributing to one's thoughtfulness and one's ability to act toward others, children or adults, with tact or tactfulness" (p. 7). Thus, the quality of a hermeneutic work derives not from method, but from the power and richness with which it enables us to encounter the lived essence of an experience (Eisner, 1981; Smith &

Heshusius, 1986; van Manen, 1990). As our consciousness is transformed, so too is our way of being present in the therapeutic relationship.

Background Preparation for the Study

Pilot Studies

Since in human science investigations the researcher makes use of self as instrument, the researcher's background and preparation is critical to proceeding with a study (Salner, 1986). I thus prepared for this research in a number of ways. My interest in bereavement and grieving originated from both personal and professional experience. I was deeply moved by the experience of one family I came to know through earlier research: the death of a teenage daughter from cystic fibrosis had profoundly affected family relationships and priorities (Clark, 1981). The cancer patients and families I worked with for several years taught me much about the power and pain of grieving and its more complicated variations (e.g., Clark, Cole & Enzle, 1990). The death of my own father several years ago continues to reverberate through my life, more gently now, as I have recognized the gifts and challenges of the legacy he left behind. In the midst of conducting the present study, the unexpected deaths of my wife's parents, and later, of her grandmother, exerted a powerful disruptive impact in our own lives. These experiences, both personal and professional, have provided the intuitive basis which has been critical throughout the research process, but especially so during the final crafting of the text.

My familiarity with hermeneutic phenomenology was developed through completing three pilot studies. In an initial research project in my doctoral training, I

conducted extensive conversations with one bereaved person (Reuben), thereby gaining experience with phenomenological data collection and analysis. Concurrent with this project, I completed a major review of bereavement literature (Clark, 1988a). In a second project under the guidance of visiting professor Dr. Amadeo Giorgi, I received further practice in the basic method of phenomenological reduction. Finally, with Dr. Max van Manen, I was introduced to the challenges of reflective writing inherent to the practice of hermeneutic phenomenology (Clark, 1991). Conducting the pilot studies provided essential background in a human science approach, and was also useful in clarifying preunderstandings of bereavement found both in my own conceptions and in the published literature.

Preunderstandings

In all scientific research, the questions which are asked grow out of prior knowledge. Thus, as preparation for conducting this study, my own preconceptions of grieving and bereavement were clarified and articulated as much as possible. While the phenomenological tradition following Husserl (e.g., Giorgi, 1985) would argue that it is possible to suspend or bracket one's own conceptions during data collection and analysis, I agree with those who point to the impossibility of this endeavour (e.g., Merleau-Ponty, 1962). Instead, the task of the investigator is to be as fully cognizant of these preunderstandings as possible. This process of awareness through reflection and critical analysis is exemplified in the earlier discussion of existing perspectives on bereavement. It is a process which is central to the hermeneutic project in its entirety.

Since any author necessarily writes from within a certain tradition, my perspective as a counselling psychologist has also guided and informed this study. In contrast to the detached scientist, I came to this research as a clinician who counsels persons experiencing complicated grieving. I already held particular understandings about the processes and issues these persons live through. It has been my task to express this set of preunderstandings as cogently as possible so the final text is clearly oriented to my stance as a therapist. As my understanding of problematic grieving evolved, I was guided by the question of how these insights were relevant to counselling practitioners. In a related sense, I have also been interested in how the hermeneutic phenomenological mode of investigation might be beneficial to the field of counselling research.

Conducting the Study

Ethical Safeguards

Initially, the study received approval of the Ethics Committee in the Department of Educational Psychology. The consent form (see Appendix A) detailed issues such as voluntary participation, the right to withdraw, confidentiality, and possible risks. It also specified that the final text would be shared with participants at their request.

Given the highly personal and sensitive nature of the experience under investigation, it had been anticipated that participants might be sensitized to psychosocial difficulties. In one instance, referral to appropriate professional resources was facilitated. In two others, encouragement was given to seek therapeutic help. In a further three instances, professional involvement had already been sought at one or more times by the participant.

Throughout the conversations, my clinical skill and experience were required to balance probing and exploration against participant's needs for safety. The pace and direction of each conversation was tempered as necessary. Intense, painful distress and vulnerability frequently arose as persons told their stories. Although no conversations were curtailed as a result of these feelings, I responded to the best of my ability with respect, caring and compassion.

Participants and Sampling

The core data for this study was obtained from 6 adult participants bereaved of a loved one (see Appendix B). All but one had suffered the loss over one year earlier. Selection of participants proceeded via a purposive sampling procedure (Morse, 1989). Since the study objective was to understand problematic bereavement against the background of bereavement in general, volunteers were solicited who had experienced potentially troublesome losses. Because the contrast of extreme situations can be helpful in illuminating the essential aspects of a phenomenon (e.g., Becker, 1986; van Manen, 1990), variation in circumstances was sought so as to more fully elicit the structure of problematic grief. Included were sudden, unexpected death; loss of a child; death of a parent with whom the relationship was troubled; death by homicide; and death via an unusually painful, prolonged process. Participants frequently showed clinical symptoms associated with problematic bereavement, such as prolonged depression, alteration in relationships, intense guilt or anger, psychosomatic responses, and memorialization of material possessions (see Appendix B). As well, each person answered affirmatively to

a question held to reflect complicated bereavement (Vargas et al., 1989), "Does this loss continue to trouble you?"

Participants were invited to take part in the study through word of mouth solicitation by friends and professional colleagues. Only one person declined to take part, on the basis that she was not yet ready to face discussing her husband's suicide. All others contacted were able and willing to take the risk of revealing themselves in conversation with the researcher. One participant also communicated by mail. All those who took part were sufficiently articulate to describe their experiences in specific and concrete detail (Colaizzi, 1978).

To provide additional insight into the phenomena of grieving and complicated bereavement, I drew on a variety of other sources within the lifeworld. These included other descriptions of bereavement experiences, available through either personal communication with me or by way of prior publication, and sources from literature. Where necessary, references for these data are cited in the text.

The Conversations

Conversations with all participants were conducted in mutually acceptable locations, chosen on the basis of comfort, convenience, and freedom from distraction. One set of conversations took place in my office, while all others took place either in the participant's or my home. Participants were informed of study objectives during an initial telephone conversation. At the outset of each conversational series, the nature of the study was further explained by going over the consent form. Any background data which did not emerge through the course of the first conversation was collected at the

end of that contact or at the beginning of the next conversation, as per Appendix C. All conversations were audiotaped for subsequent transcription and analysis. The majority of tapes were transcribed by me, although in several instances secretarial services were utilized. I then edited each transcript in conjunction with reviewing the tape.

I kept a research journal in which nonverbal observations and impressions were recorded, both immediately following each conversation and at later times (Kvale, 1983). Notations were made concerning areas which might be explored in more depth during subsequent conversations. The research journal also served as an ongoing repository for ideas and comments during the lengthy analyzing, reading and writing process. Journal writing enhanced reflection on conversations while the experience was fresh, and added to the richness of the data gathering, analysis and writing.

From one to three conversations were completed with each participant over a prolonged period of time (see Appendix B). I was able to extend and deepen data collection on the basis of analyzing earlier conversations. As the study progressed, I returned to several participants to discuss interpretations and to seek additional clarification. Each conversation was conducted to obtain specific, concrete and detailed descriptions of grief and bereavement experiences (Polkinghorne, 1981). Such conversations were not intended to obtain abstract generalizations about the meaning and causes of grieving, but were an effort to invite forth descriptions of what the experiences were actually like as they were lived (Colaizzi, 1978; van Manen, 1990). In general, I was satisfied that the data obtained through conversations were vivid. Frequently, grief experiences were brought forward in a relived sense, as before reflection.

Since self is used as instrument in this research approach, the attitude and preparation I took into the project were of utmost importance. The investigator's stance has been described as one of openness, disciplined naivete, and wonder (Van Hesteren, 1986; van Manen, 1990). Participants must be joined in each conversation, establishing an atmosphere of safety and trust so as to invite a rich and open recounting of experience (Becker, 1986; Wertz, 1984). As Becker (1986) notes, the demands placed upon the researcher are rather paradoxical, in that the encounter requires that the person be well-prepared yet receptive, task-oriented yet amiable, and knowledgeable yet naive.

At the beginning of initial conversations, discussion of the study by way of the consent form provided the means of building trust and inviting collaboration. As the conversation proceeded, the specific purpose of the study was clarified, and each participant was asked to describe their particular experiences of grief and bereavement in their own way. I interacted in a relatively nondirective and open manner, asking for elaborations, clarifications and specific examples (Becker, 1986). More precise questions were based on material already shared by the participant. Questioning thus moved from relative openness and non-directedness toward exploration of specific situations and themes (Kvale, 1983). Throughout the encounter, each respondent was encouraged to be specific, concrete and detailed. A rich, vivid and open recollection of the phenomenon was sought, while care was taken to avoid unduly colouring or biasing the participant's perspective. Several excerpts from the transcripts are provided in Appendix D to provide the reader with a flavour of the conversations.

Follow-up conversations allowed for the discussion of more recent experience and of new recollections, as well as for elaboration and clarification of material disclosed in the first session. Prior to follow-up conversations, participants were given a synopsis of their own story with the request to check the accuracy of my understanding. Participants were encouraged to bring forward any recollections which had been overlooked in the first encounter. As well, I raised additional inquiries based on this initial analysis (Kvale, 1983). In some instances, follow-up conversations shifted from a descriptive to a more hermeneutic mode, wherein the participant collaborated in reflection upon the meaning of their experience (see van Manen, 1990). Conversational series ended quite naturally when the participant and I seemed to feel that discussion had been sufficiently exhaustive (Kvale, 1983; Becker, 1986).

Kvale (1983) and Colaizzi (1978) have noted the similarity of human science interviewing to existential forms of psychotherapy. The overlapping roles of researcher versus therapist were experienced frequently while engaged in this research. During the actual retelling and reliving of experiences through conversation, my active interest was not unlike that of a therapist. For the most part, little conflict was aroused between the roles, except where interventions might normally have been initiated. In fact, in my view the provision of a safe, therapy-like atmosphere also provided the best possible conditions for detailed and full disclosure. However, a number of participants asked direct questions pertaining to the normalcy of their experience and to the length of time they might expect to recovery. In these instances I was challenged to respond more

therapeutically while retaining a research focus. I also took a more therapeutic role with one participant, by way of facilitating referral for counselling.

While the research endeavour was clearly not a therapy process, my pilot studies had shown that participants seemed to benefit from the opportunity of reviewing their experience with a sensitive listener. In research of this nature, the investigator necessarily joins participants in an empathic and supportive manner to build trust and respect. Feedback from direct participants, both within recorded conversations, in written form (see Appendix E), and in unrecorded contacts, consistently confirmed the positive benefit of participation in the study. For example, Charlie wrote: "I'm sure I was more open dealing with my son's death since our meeting. Just the fact of talking to a person who wasn't connected before and who is there to listen to exactly your problem makes a difference." Nina stated: "I am glad I decided to speak with you because it was the first time I was able to discuss or explain how I experienced my sister's death, without having to guard or hide any aspect of my feelings." And Daniel shared: "The coming home to myself that you refer to is more than plausible, its palpable....Being involved with you in this work has been and is an important reminder, personally and professionally, that healing is possible." All participants indicated they would recommend that any other bereaved person take part in such a study.

Analysis and Textual Interpretation

The processes of data collection, data analysis and textual interpretation evolved through one another in a dialectical mode (Kvale, 1983; van Manen, 1990). For instance, as initial transcripts were analyzed and the themes therein explicated, my

understanding of grieving was furthered. Subsequent conversations were then informed of these insights. Likewise, as participants recounted past experiences, they were also at times moved to deeper insight. If the project is likened to the weaving of a large tapestry, each smaller section influences the overall picture. Conversely, as the overall tapestry emerges more distinctly, the significance of each portion is also clarified. Each theme of the lived experience is interpreted in terms of the holistic structure of the overall experience, while in turn the essential structure emerges from the distinct themes.

Based on Giorgi (1985) and van Manen (1990), analysis and interpretation began with the phenomenological reduction of data and evolved into the hermeneutic crafting of a text. Steps comprising the research process can be roughly outlined, as below:

(1) Once a conversation had been transcribed, the transcript was read in conjunction with the audiotape. In addition to verifying transcription accuracy, this reflective reading was an effort to obtain the overall flavour of the participant's experience.

(2) Sections of the text which expressed particularly meaningful and revealing themes were highlighted.

(3) Each transcript was analyzed line by line to ascertain how each sentence or segment contributed to distinct meaning units. This process has been compared to the search for patterns and themes required in completing the Miller Analogies Test (Polkinghorne, 1981). To facilitate analysis, transcripts were printed as columns on the left, leaving the right half of the page for analytic comments and themes. This level of

thematic explication remained more descriptive than interpretive, as an effort was made to use the participant's language.

(4) Data from each participant was analyzed as a whole, drawing out each theme separately and then inter-relating connected themes. I found that sketching one page flow charts or diagrams for each person's experience was useful at this stage of analysis. The story of each person's experience, as recounted up to that point, was also written and subsequently given to each participant as the basis for further clarification and discussion.

(5) At the next level of explication, analysis became more interpretive and intuitive than descriptive. Reflection and analysis continued dialectically with the writing and re-writing process, as themes were expressed in text. It was through the writing process that the essential meaning structures were reflected upon and shown. In the writing, findings were compared and contrasted across all subjects so that essential and incidental themes emerged more clearly. Imaginative variation was employed, whereby I considered the extent to which the essential meaning of the phenomenon was changed if a particular theme was removed. Illustrative anecdotes and materials were chosen, drawing creatively on conversational material, the research journal and on other resources contributing to an understanding of the phenomenon.

(6) Collaborative discussion, initiated by sharing both ideas and the written text with participants, friends and interested colleagues, was utilized on both a formal and informal basis throughout the project to shape and articulate my ongoing understanding. These dialogues were a way to testing, deepening and questioning my intuitions for the developing text.

The process of analysis and textual interpretation was an emergent method. It changed as I struggled to create a means of handling the complexity of data while facilitating creation of rich, deep text. The real work of analysis lay in the writing and rewriting, as predicted by van Manen (1990). In addition to the basic challenge of creating text which evokes an aesthetic sense of the experience in question, my natural science background often emerged as a hindrance. This bias was seen in a temptation to portray each participant's experience in a rigorous, accurate and full account. The challenge was to allow myself the artistic freedom to explore particular nuances from among the many possible meanings experienced in bereavement.

Knowledge Claims in Human Science Research

The reader of any research report must evaluate the truth value of the results in order to ascertain what contribution a study makes. Normally we want to know how confident we can be in the accuracy of the findings within the confines of the study itself (internal validity), the extent to which we can generalize the findings to other persons and contexts (external validity), how consistent and dependable the findings might be (reliability), and how neutral and free of bias the findings are (objectivity). Lincoln and Guba (1985), among others, have shown the connection between these criteria and the underlying assumptions of a pure natural science framework. To elaborate, these assumptions are that (1) there is a single, tangible reality which can be broken into independent parts; (2) the investigator and this objective reality are separate and independent; (3) it is possible to discover generalized laws which are applicable across time and context; (4) causality is linear, so that every effect is preceded by or

simultaneous with a cause; and (5) investigation can be value-free by virtue of an objective methodology (Lincoln & Guba, 1985). The criteria of validity, reliability and objectivity are usually met by controlling dependent and independent variables, by employing representative, randomly-selected and adequately-sized samples, by using well-established and replicable measurements, and by relying upon scientific methodology which is free of human influence.

The question of criteria against which human science research can be evaluated is a controversial area (e.g., Smith & Heshusius, 1986). The controversy within the larger realm of qualitative research is also found within the confines of hermeneutics and phenomenology. For instance, Giorgi (personal communication, May, 1988) directs much of his effort to arguing that since our conception of science is constituted through human choice, science can be redefined to justify a scientific phenomenology. He advocates a predominantly descriptive approach, whereas writers such as van Manen (1990) and Eisner (1981) take more interpretive positions and adopt more aesthetically-oriented criteria.

Some human science investigators argue for uniform methods and evaluative criteria which closely match natural science standards. For example, Lincoln and Guba (1985) propose the parallel criteria of credibility (for internal validity), transferability (for external validity), dependability (for reliability), and confirmability (for objectivity). These alternative "trustworthiness" criteria are satisfied by activities such as prolonged engagement, triangulation, member checking, replication, providing contextual details so others can estimate transferability, and completing an audit. Here we see reflections

of the natural science notion that an adequate method, one which can be precisely described and replicated, will yield results which accurately and reliably reflect human reality.

These efforts to emulate natural science may understandably result from the frustration of having human science efforts relegated to second-class status in the scientific world. However, they have been criticized on at least two points (see van Manen, 1990; Smith & Heshusius, 1986). First, the emphasis on method and technique may detract from the power of the whole discovery-oriented approach, increasing the danger of sterile, unimaginative work which is, however, methodologically precise. The great strength of this new paradigm, that it encourages a disciplined yet relatively free reign of creative imagination and insight, can be threatened. A second criticism is that the preoccupation with method is unfounded when we return to the assumptions upon which human science is based. If we accept the view that knowledge is intersubjective and evolutionary, that is, constituted through social dialogue, always a matter of history, context and incertitude, then we must agree with Smith and Heshusius (1986) that we accept as valid an interpretation or description with which we agree, after an opportunity to discuss and share the basis for the particular view. At best, we do not have proven hypotheses and formal laws, but working insights which may or may not be valid in another time or context.

An additional problem arises in that hermeneutic phenomenology is distinguished from other human science approaches by the effort to show the meaning behind the lived experience of persons. It attempts to go beyond an exact and rigorous description of

social reality. At some point in the phenomenological reduction an intuitive leap is made, inextricably bound to the author's unique perspective. We are unable to describe the basis for this intuitive leap via a precise and concrete methodology.

These arguments do not mean there is no need to specify the path taken to craft a particular text. Rather, they mean that an appeal to method is not the final sanction for results. We do not want our investigation to be merely a subjective fantasy, prone to unquestioned "illusions of the self" (Salner, 1986, p. 128). Our method must be appropriate to the nature of the investigation. In the present research, another investigator provided with the working copies of all transcripts and other data sources, along with the process journal, would be able to follow my reasoning and intuiting process to an intelligible degree. Procedural undertakings, such as the nondirective style of conversations and the use of collaborative discussion with colleagues, assisted in letting experiences speak while drawing out my own unquestioned biases. However, in the final analysis, more aesthetic criteria provide more meaningful and appropriate measures of the contribution made.

Several criteria put forth by van Manen (1990) set the standards toward which the present study aspired. These criteria are as follows:

(1) A text needs to be strong and oriented. This standard means that an author makes clear and explicit the stance from which the investigation is conducted. For example, my interest in complicated grieving and bereavement is not as a detached observer, but is as an involved psychologist and counsellor. My interests are primarily

therapeutic and existential. These specific interests are distinguished from the interests inherent to other perspectives (e.g., those of a physician or an anthropologist).

(2) A text needs to be rich. A rich and vivid text uses anecdote and description to explore the multiple meanings and implications of a phenomenon. Reading such a text, a person finds themselves engaged, drawn into reflection, and provoked into new insight.

(3) A text needs to be deep. Depth stands in contrast to shallowness, wherein an experience is simplified and glossed over. Depth requires an openness of both the author and reader, so meaning beyond the obvious is seen, to the edges of human ambiguity and mystery.

CHAPTER 3

THE STORIES RETOLD

> Through its recitation, a story is incorporated into a community which it gathers together.
>
> (Bruteau, cited in von Eckartsberg, 1986, p.209)

> ...we achieve our personal identities...through the use of the narrative configuration, and make our existence into a whole by understanding it as an expression of a single unfolding and developing story.
>
> (Polkinghorne, 1988, p.150)

Introduction

Retelling the stories of bereavement disclosed originally by participants sets the holistic context from which thematic exploration proceeds in subsequent chapters. In the retelling, essential thematic details have been highlighted while many others are omitted. No claim is made that these themes are the only themes of grieving and bereavement: only that they are plausible themes. To facilitate the retelling, edited excerpts from the original transcripts have been integrated with paraphrasing. The thrust of this effort is to remain true to the core of each participant's lived experience, while overall, pointing to the meaningful questions, tensions and movement created in the lifestory of each person.

The Storied Nature of Bereavement

Responding to the request to describe their experiences of bereavement in as much detail as possible, participant retelling emerged spontaneously in a storied form (Polkinghorne, 1988). Events and people were situated in time and location. The central plot of death and grieving provided the line of meaning which connected and related a

multitude of elements. Many specific features of the plot only made sense when considered in the historic context of other, often less salient, subplots. These subplots were sometimes made explicit but often only implied or left unspoken. Important historic plot lines included the nature of the specific relationship, the timing of events in the family life cycle, and the personal development of the participant living the experience.

Retelling the stories shows how bereavement and grieving are necessarily set in a lifestory context. In a narrative framework it is the person and a particular, meaningful lifestory that animates the movement of bereavement. This perspective stands in contrast to grieving conceptualized from a stage model. The latter highlights the grieving process, detached from the person, as if the process enjoys a life of its own centered around the necessary expression of emotional energy. Certainly the movement of grieving is through time, and does involve new behaviours and the expression of varied and intense emotions. However, in a narrative framework, a combination of both historic and current events unfolds to establish the parameters of a meaning-filled dilemma which in turn demands resolution. From this perspective, the essential progression has to do with the loss of meaning and subsequent efforts to recreate meaning within the particular context experienced by the surviving person. From the conversations, it was apparent how the story evolved over time, so the emphasis at one time shifted to other emphases at later times.

Each story embraces a set of tensions, questions and predicaments centered around the death of a loved one. Each is unique and personal, yet shares aspects common to all. Each is shaped by immediate events around the deathbed and by the

historic social relationship. Each person's relationship with self is entwined in the experience. The specific interplay of meaning arising from these contextual elements sets the course and movement of bereavement experience, and provides the basis from which other questions and issues may emerge.

The Stories

Nina's Story

Nina was 24, just ready to begin university, when her 16 year old sister was killed. Her sister's boyfriend accidentally drove through a stop sign. While he walked away unscathed, Nina's sister never regained consciousness and died of massive injuries within 72 hours. The accident happened during a difficult period in which her troubled sister had already been suicidal.

Our first conversation took place 14 months later, and the second, almost 2 years after the death. Nina spoke with intensity in her voice. She was often near tears and had a slightly uneasy edge to her laugh. She gave the impression of being brave in the face of pain. At the end of the first conversation she noted, "Right now I feel broken, just exhausted." She was surprised at having felt so deeply emotional.

Death Looms Over Me

"Her death was sudden and unexpected. It was the unthinkable...violent and traumatic. She was horribly disfigured, so that she looked only a little bit like herself. I felt indignant for her. It was awful to see her like that, so damaged and all connected up with machines."

"I was horrified to find my memory went completely blank about her. I couldn't remember anything. I thought maybe I was the most unfeeling human being in existence. I couldn't even remember what she looked like, how she talked, any of her mannerisms. I was really upset with that...I couldn't tell anybody that I couldn't remember my own sister."

"I cried endlessly, vomited, couldn't eat or sleep, and began to smoke. My stomach was in knots. I felt raw inside, raw and sick. I distinctly recall thinking, this isn't really how it is, they have made a mistake."

"Right from the beginning, I tried to keep a special connection. I stayed with her in the hospital and was holding her hand when she died. I sought a kind of intimacy with her...I wanted the funeral to be an intimate thing. It didn't feel intimate at all. My parents had her cremated. I didn't feel very good about that, but I couldn't speak up about it. I wanted her to be there somehow. So now there is just this little box and a name plate and she is gone. It was so fast...there was no end. We had supper, then she was in the accident and that was it."

"When she first died I grabbed her shirts and stuff and they still smelled like her. That was important. It sounds bizarre, and people don't understand but I have a bit of a ritual I go through, you know, to try and remember her, to feel like she is still there or to have some sort of connection, because you lose all connection. There is nothing that I have of her...Every couple of days when I'm in bed at night, I review the phone call, going to the hospital. I can see what she looked like. I know the machines, I can see the count down on the monitor and I just go through it. Then all of a sudden

memories come back that were more pleasant. I'm so afraid I'm going to forget her. It hurts, but at least I can remember her."

"I wanted something good to come out of it, so I tried to be strong for my parents and grandparents. You'd think that something like this would bring a family closer together. Ha. (bitterly) It's done exactly the opposite. Everyone's polarized their directions...I think I'll just go and make a life for myself. I don't really feel like I have any ties to my family anymore. My family is so destroyed, just so destroyed."

"About three months after she died...I started getting afraid to be alone. Everytime I was alone I would just break down. Just cry, cry and I just felt so sick inside, just sick, like raw. Absolutely raw inside. Everytime I was alone. When I was with other people I was fine so I avoided being alone."

"For a long time after, my bitterness grew. After six or seven months, I went into a real violent rage. It really surprised me...I read a story about someone who had made great progress with an autistic boy until he was returned to his parents, at which point he regressed and was finally institutionalized. It just set me into a rage, out of control, kicking and swearing and crying, totally not me. It was a strange experience, but afterward I felt so good, so relieved. I felt as if the knot in my stomach for all that time was just released. I felt like I was totally relaxed and had some sort of peace with the situation, with myself. Before then I couldn't eat and I couldn't sleep and I cried on and on and on. I was less depressed. It brought me closer to my husband too."

"I was so angry. I had taken such special care and there was nothing I could do. It just happened and I had no control. She had such a sad little life and died so young,

and I had so many opportunities, a much better life. I feel guilty about that. I wonder if I did enough for her. I wasn't here for her the last year of her life. When she was so desperate, I was overseas."

"Now I feel I can look back with some sort of perspective. I think a lot about death and dying. I'm a bit terrified of violent death now. Because it was so violent and she was so broken up and didn't even look like herself. I'm afraid I'll meet the same demise, a violent death. It really does scare me. I've lost my innocence. I used to think everything always worked out for the best. Now that the unthinkable has happened, I'm more pessimistic. I'm vulnerable, I don't take anything for granted like I used to. I feel like death is always looming over me...this kind of death makes you lose a piece of you that was inspired about life. It is hard to explain, but I feel raw in some parts of myself, a little bit spent beyond my years."

By the time of the second conversation, Nina was surprised at how much she had changed. "I see myself now as a carrier of the flame. I excel at school and other tasks in her memory. I want to do my very best in her honor. When times become difficult I carry on because she cannot...my relationship with her now is to carry on for both of us. I carry a big piece of her with me. I find a lot of creative energy arises from my new way of thinking...it feels like a new faith."

"I still have one drawer set aside, with all her things and little toys from when she was a kid. I pull it out and look at everything. I still wear all her clothes (laughing uneasily). So I still feel tied to her life, not just her death."

"There are parts of it put away inside me, like the last days of her life and the way my family dealt with her...I don't even touch those things. I don't have any answers, I don't think there is any resolution, so I'm just resolved to let it be closed. What could I fix? I'm not comfortable with how helpless I was to help her, but I've sorted away what she meant to me and how she's affected my life. Otherwise I'm resigned to that being the way life is..."

Discussion

Nina's grieving centered around at least two major questions: First, **how do I keep alive a meaningful connection with my sister when the connection has been severed and she is so completely gone?** And second, **how do I live with the horror of her death, with my knowledge of death as this kind of terribly destructive possibility?** In the loss of connection, Nina faced not only the death of her sister but also the possibility of her own death. Death loomed over her in the aftermath. We are lead to reflect: With the death of a loved one, who dies? What is the reality of such a loss? And for whom do we grieve? The event can be interpreted as an experience of death in life, as a death of self. Nina's eventual movement toward resolution was in effect an answer to the challenges issued by the loss of connection and by the power and finality of death.

Daniel's Story

Daniel was 33 when his 79 year old father died following a car accident. His aging father had apparently stalled his vehicle in the midst of a busy highway. Our conversations took place over 7 years later, in my home.

Daniel's recent participation in a workshop on grief and bereavement was a "landmark" in his experience. The passage of years hadn't made much difference in the pain of his grieving, but the workshop had finally enabled him to transform the quality of his attachment to his father. At the end of the first conversation, my comment that Daniel had "come home to himself" through his grieving struck a deep chord of agreement.

Naming My Father, Finding Myself

"It was awfully painful to watch, seeing him so badly injured. There were all these moments of helplessness in the face of death. I felt some sort of relief when he died. And then panic...His death was just like when I was hit in the head with a baseball bat in grade one. It stunned me. During the four days when he was in hospital time stopped absolutely. And then, well, it was time to go, there were things to be done, the funeral to arrange, work to return to, and so on."

"Over the years, I was hanging on to the pain, as a way of hanging on to my dad (broken, teary voice). That seemed to be the only way I could do that...in terms of the emotional connection that I wanted with him."

"In everyday kind of ways, it was like I was keeping in touch with him by being out at the farm. It was really painful. I was aware of...to me it seemed like his presence rather than his absence, I don't know, maybe it was his absence, but it was him in some way. It was like going through this scrapbook of his life, just walking around the farm or working there...these were his tools, this was his hammer... I was more involved on the farm that summer than I ever was in my life. Since then I've felt like

I've had this emotional connection through the farm, that I had to go through these little rituals like mowing the grass and picking rocks. These solitary activities kept me in touch with memories of him."

"Dad's death was painful to watch, it was shocking because it happened suddenly, but then it was just the wave upon wave upon wave of stuff in the aftermath. It was more than his death, it was part of me dying. The part of me that was connected to him died. That was the part of me that needed to be told I was okay, the part of me that needed to be recognized as being competent, the part of me that needed to be accepted as a man in relation to him. That part needed to die, but I kept all the pain inside. I couldn't face having that part of me die. Even though it was painful, it was too threatening to be without that connection."

"In the workshop, I explored my relationship with dad. It had been confusing and full of conflicting feelings. Thinking about dad's struggle was painful. I felt responsible for it, like I owed him something. I felt like I was a big disappointment for him. I could never meet his expections. He was always right. Because I always gave in to his rightness, I was left with ideas about myself being incompetent, incapable, a loser and a weakling. I got these mixed messages growing up - at school I was smart, but at home I was lazy or inept or incapable. It was like I was an idiot savant. But I wasn't lazy, I just didn't want to be a farmer. I could never repay the debt because I'd never be adequate enough."

"Getting pissed off with him has helped me to dump some of those ideas about myself...I realized I didn't have to wait for my dear dead father to tell I was okay, that

if I was ever going to feel okay, I needed to get those messages from myself or from other people...but I was never going to hear that from him...I could wait a long time for that recognition. When I couldn't hear it from him, it was like I couldn't hear it from anyone...so when I went out into the world as a young adult, you know, I'd been confirmed, but in the wrong church...I was waiting for my dad to give me an exit visa from childhood."

"What made my dad's death so monumental to me, and I hadn't realized it consciously until we've had this conversation, was that I had been waiting for that message from him. One of the stunning things, even though I didn't really realize it, was that I was never going to hear that from him. The relationship has been like a tyranny...the king is dead, but the rules are only slowly fading away..."

"I learned I can remember him without having all the pain. I still (tearfully) obviously have some of that, but not in the same way. I was steering around it, like not being in touch with it. I learned this summer to be in touch with that pain...cry my tears and then it's like the rainstorm that blows over...before, I'd avoid talking about it. If I felt the big knot coming up in my chest, instead of letting that come out as tears, I'd push it back down...and it never went away...I couldn't experience my sadness the same way that I was able to this summer, just by spending time with it and acknowledging the pain. The pain just stayed there and I got so that I could anticipate when it was going to come and just steer around it, change the subject, or just not approach it. Now I'm freer to entertain the pain."

"I get confused when I try to sort out love. I feel like my father kept me outside of love. I don't know what he loved. He only noticed my mistakes, and he had his fun with others. I was only a little jerk who came along too late. I got this idea of weakness about myself. I was always defeated, because dad was always right. I used to think I belonged to the loser's club. I felt like I built my identity on a foundation of sand. I could never overthrow the king."

"I have this wrong equation in my thinking that being alone equals lonely. I have this other wrong equation that love equals pain, except the way I play that out in my life is pain equals love. Some of my relationships have resembled the one I had with my dad in that I don't know what the hell I have to do in order to be loved. I fear that if I do something for myself, like ending the relationship, then I will be alone. I will be lonely and I'll have a sense of emptiness in that no one loves me, except my kids. I feel like I've spent a lot of my life with that sense of emptiness. That sense of emptiness is the sense that comes in feeling defeated, and what creeps back in soon after feeling defeated is anger, just like with my dad. And if I want to be loved then I can't be angry, which is really crippling and defeating."

"In the workshop I drew images of dad's death and described them to the group. I felt a physical sense of relief, a sense of euphoria. After, I went outside and had this incredible experience of lightness within my body. It was wonderful. I felt connected with all the other light around me. It was a sunny day, in the afternoon, the sun was streaming in, and I felt light in a radiant kind of sense, felt light in a physical way, like there was light inside my body. It wasn't like being stoned or anything like that, it just

seemed wonderfully natural and I felt so connected with the world. It was wonderful...that was an important moment for me."

"My sense of peace since the summer has been acknowledging finally that there was so much of me still connected to dad. I think that part of me died from holding my breath, waiting for that pat on the head. I finally realized that that part of me had to die, for me to be okay, to feel competent, to feel like a man."

"In some ways my father lives on and surprises me still. I remember cross-country skiing through this spruce woods along the river, going through this place with a really nice sprucey aroma. I wasn't thinking of my dad when I went in there, but it was like, phoof, I went in there and I had a very strong recollection of him...a sense of his presence. I had shared a lot of things in nature with him, because he was there in the spruce woods for me."

"He lives on in other ways too, like through having the cottage as a place to share and enjoy with other people. Having a place like that was an ideal of his that I've taken on without questioning. I have some sense of him too, when I go around to look at the crops...which is funny given my lack of enthusiasm as a kid. Now there's nothing I enjoy more than driving and looking at them now."

In a second conversation almost a year later, Daniel talked with a greater sense of perspective about his transformation. In the process he experienced an overwhelming flood of images involving his father. By all appearances, he seemed to turn within himself to an earlier period of his life. "In my chest, it was like something that was really tight just burst (breathing deeply). It was like a rope tied in a knot that was being

pulled from both ends...It feels so peaceful (breathing deeply)....That set off an avalance of memories and making sense, I just feel overwhelmed...I'm eight years old I guess. I wish I could speak as quickly as these images are flashing, but I don't think the tape will pick it up (laughs)."

"I just got in to all this stuff about how we always went to the same fucking places on holidays. It was always exciting to go over that hill west of Calgary and see those mountains, but then it was always going to the same campsite and trying to make it as much fun as we had the last time (sobbing) and after a while I got really pissed off at that, I wanted to go to somewhere new."

"It was on a family holiday that I started having seizures, which were just like the emotional explosion that took an nonemotional form. I couldn't say, what the fuck are we doing in this stupid campground again? I just took all that inside and had my fall apart inside. It was a very powerful physical expression of all the stuff that I was feeling."

"It takes me back to the chair in the milking parlor, it was like that explosion. I just hammered away on this chair until it was kindling wood...what do I have to do to get your attention, can't you see there's something wrong here? I just flashed on all kinds of stuff...I felt I had to give up something, I had to give up myself...I just flashed on my suicide attempt. That somehow seemed connected to the chair, smashing the chair. At least as a kid I was directing that energy outside myself. Having that intense anger against myself was a really destructive thing."

"The way out of my loneliness as a child (crying) was to become a man, and that's why it was so important for me to reach out to my dad, it was like, here I am (very quiet)...I wanted to take his hand and know how it felt to be strong and to be (deep breathing) I remember (crying) I remember sitting in church with my mom and my dad....I feel like I've just been close to my dad, maybe as close as I could ever be. That was wanting to take his hand and wanting to know what it felt like to be strong and to be a man. I want to be able to sing like he can but I can't sing worth shit, so I whistle instead. Actually, my mom told me this story, apparently I was one of that minister's great moments in the pulpit (laughing). I wanted to be strong, I wanted to be able to sing my praises, I've found my voice now, but I realize how lonely I was as a child...it seemed that somehow the way out of my loneliness was to become a man and maybe that's why I needed to reach out to my dad so much....I feel like that was me trying to reach out to my dad, that was the loneliest thing."

"It's taken me this long, but now I can tell my own story. In learning to express my feelings, I found my voice, that I could express my feelings and who I was. I don't feel cut off anymore. I feel connected with much more of my experience....I have more of an appreciation that my own life is transitory. I was stuck, frozen in time, but I'm unfrozen now. I'm back in the river of life. If good things are going to happen in my life, I have to put energy and direction into making them happen. The breakthrough for me was in thinking, all my energy is there in all these feelings, good or bad. If I can be in touch with my feelings, if I can say what I see, if I can say what I feel, then I'll be living life more fully. Once that started to happen it was powerful and exciting. I

had more and more energy coming up. I feel free from my childhood, but I also feel free to go back there and explore and discover and play around and do whatever the hell I want, any time I want to. I'm not immobilized. For a long time I felt like any effort to go forward meant straining against the leash that held me to the past."

"Before my dad was telling me what my life was all about, and now I'm telling my own story."

Discussion

Daniel faced the dilemma: **How can I grieve for my father, if I can't acknowledge that he failed to recognize me as a competent person, as my own man? How can I finish grieving if keeping the pain of my grief is my only way of retaining that hope-filled connection with him?** Daniel had been left paralyzed in a world of limbo, a silent world largely unnoticed by others. He was burdened with a legacy of guilt and inadequacy which appeared impossible to change in the absence of his father. For Daniel, **finding a way to finish grieving was also finding a way to his own maturity and competence, and to his capacity for loving relationships.** In transforming the meaning of the connection to his father, Daniel ultimately came home to himself.

Reuben's Story

Reuben was a 60 year old professional man when his wife of 30 years died from metastatic breast cancer. She was 52 years old at the time, and left the two youngest of five children living at home. She died in hospital after having taken several years of

intensive medical treatment. Our conversations took place in Reuben's home over 2 years later.

It's a Bad Dream, There Isn't Anybody There

"As her illness worsened and the emotional impact of everything was hitting, I began to realize she didn't want to talk about death or dying. Whenever I tried, she just looked away...she kept a very brave front. The whole experience became a bit of a nightmare. In spite of my efforts to clarify the situation with her doctor, I was left confused, questioning my own reactions."

"Within days, she died. Everything was sort of in suspension. I was just numb. I didn't get the full impact at first. I kept thinking back about all my other close relatives who had died...but in spite of all that experience, when I found my wife had died, I was just totally, totally numb...everything seemed so unreal, everything happened too quickly, so unexpectedly. The kids were home for while, and then it was time to go back to work."

"I recall the day of the funeral, at the cemetery...it was just unbelievable. I couldn't accept what was going on that particular day. Somebody remarked that they saw me shaking my head all the way through the ceremony. It was almost like a bad dream, but as the months went by, I just couldn't cope. I would come home and it still seemed like a bad dream...here I was having to fend for myself...I just found myself an absolute washout as far as being any kind of cook. Going out with friends, I was the only single one. I just felt really awkward being with them in spite of their graciousness.

There was nobody I could really sit down and talk with...that person who was close enough that you could spill it out, get it out of your system, there just wasn't anybody."

"I continued working through this. I suppose I was trying to bury myself in my work, hoping I could ride it out...I kept going on sheer determination but things just worsened through the time of her birthday, Valentine's Day and my birthday. Here I was in this big house, my wife's pride and joy, very lonely, very empty. The house was too much...there were a lot of memories, and the emptiness and loneliness were just overwhelming...I lost faith in just about anything and everything. I kept saying to myself, why did this have to happen to me? If anything, it should have been me and not my wife."

"I really stewed about the medical treatment...I wanted to find out what had gone wrong so quickly, in just about a month...I was terribly angry, and I was feeling guilty as well...did I miss something, why didn't I do this, why didn't I do that? I couldn't get a straight answer from the physician. He was cold and didn't really seem to care...as far as he was concerned, when she died, that was it...I was just totally beside myself. I couldn't believe that a doctor could be so cold and so insensitive. Talking with him made me wonder even more, how could I have been such an idiot to let this guy treat her? Maybe if I had had another doctor treat her...here I was a competent professional man, used to asking questions and getting answers, but I just wasn't assertive enough to get this out of him. That just preyed on my mind all summer."

"I got to the point where I was saying to myself, what's the meaning to all of this? You work and struggle, and where is the justice in this thing? I was getting pretty

deeply depressed. I had suicidal thoughts. There just didn't seem to be anything worthwhile living for."

"I was finally hospitalized. There were so many things stuck inside of me, and I couldn't get them out of my system...the only thing that was keeping me going was the realization that a grandchild was on the way...her birth in the late winter was quite a joyous event, yet tinged with sadness...why was my wife deprived of this joyous occasion? I said, well, my wife is gone, but she lives on in a way through her granddaughter."

"I went on a trip which was a total disaster...nights in the hotel alone and watching other couples...there was somebody there. I just felt so empty and so alone."

"In therapy I found it difficult to cry. When my wife died, the first few months I can recall myself crying silently and privately...just asking myself, why? Why did my wife have to leave me alone like this? I know she didn't deliberately do it...I just wanted to get this out, but I couldn't, I would cry silently, but that wouldn't relieve it at all."

"I was terribly confused, and didn't know if I was on the right track. That feeling of emptiness and loneliness would overwhelm me. Yet I had this determination...I realized how I had overcome adversity in the past. I wasn't being fair to myself, cutting myself off completely."

"I wasn't totally alone, there was my sister-in-law who cared. She also felt deprived of any chance to say goodbye. My kids were there but they suffered in their own way. My grief was different...they had lost their mother and I had lost my wife, my friend, my partner, and here I was sort of adrift."

"I talk about it more easily now, but there is a pretty deep wound there, a scar, and I just know it is going to be there forever. I don't want to get involved in another relationship. I have this dreadful fear that something might happen to that person, and I would have to bear that as well."

"I never will have the answers to some of the questions. To be deprived of that opportunity to say a meaningful good-bye, there is no way that I could overcome that...I know there were things I wanted to say to her, and I know there were things she wanted to say to me, that never came to be. That is still there. The physician who my wife had put trust and confidence in...he let me down real badly. I just can't erase that, no matter how hard I try. Inevitably, it comes back...there is unfinished business. I want to complete it, and yet I know it will go unfulfilled no matter how hard I try....There is no answer. But the question is still there, the emptiness is still there."

"I have started to enjoy some things...the birth of my grandaughter was a turning point. Life will go on through her, she is something tangible that is comforting. Volunteering to talk with others who've had losses gives me satisfaction as well. I set up a memorial fund for patient support, so it was not just a total waste. Somebody else may get the support that they need."

"Most people I encounter haven't had the same loss that I have. Unless you have experienced it yourself, it is hard to understand how empty and how lonely it can be...I find it difficult to be part of my work group, who are mostly younger. Yet I realize I just can't shut myself up. It was a chore for me to go to a movie by myself. I can do

that now. Having a little better understanding of what has happended to me, I realize that to cope I have to do these things, as painful as they are."

"I thought that I was strong enough to ride it through. As a man you are supposed to be the tough guy, never crying...you are not supposed to have any emotions like that. I realize now that I should have permitted myself to cry a hell of a lot more, to cry deeply."

"I still see in my mind the picture of my wife with her oxygen mask on, struggling to stay alive. It's like it is burned into my head, a picture that is there constantly. I can block it out at times but it just keeps popping up. I realize now that that is part of the unfinished business, and there is just no way I can erase that. It is part of my mind that I can't (emphasis) get out....it represents the helplessness that I felt and that I still feel, at that critical moment. I still feel that I wasn't as supportive as I should have been. I know that I may be hard on myself, but I can't see any way that I can reconcile it yet. I didn't get that opportunity, and no matter how hard I try, there is just nothing that I can find any comfort in."

Discussion

For 30 years Reuben had dwelled in a relationship that provided stable and continuous support, togetherness and purpose. Through the sacred bond of marriage, he and his wife had created a fulfilling reality of shared challenges, adversity, and aspirations. Now his life was unbelievable, like a bad dream. It was filled with overwhelming loneliness and emptiness. Reuben was plagued with an enduring and multifaceted sense of deprivation: **How could I have been robbed of the opportunity**

to say goodbye to my wife? How do I go on when there is nobody there for me and the world seems so devoid of meaning? How do I live with myself when I feel I betrayed the integrity of the bond I held with my life partner?

Louise's Story

Louise was close to retirement from her nursing career when she suffered the unexpected death of her 33 year old daughter. Her independently-minded daughter slipped into a diabetic coma during a mild illness. She never regained consciousness. Our conversation took place in Louise's home, just over 2 years following the death.

I Failed to Protect Her

"She was always pretty independent...I was really quite nervous when she was diagnosed with diabetes. At first she wouldn't even agree to have a diabetic identification bracelet, but we eventually did buy her one. She didn't want a glucometer so I didn't force that on her...of course she didn't agree to have a medi-alert system. She was determined to handle being diabetic in her own way."

"It had crossed my mind that diabetics do die, but it was way in the corner of my mind, as a possibility I never dwelt on. When it happened it was like an atomic bomb went off in my head. She went home the evening before, feeling sick. A friend cared for her through the night, but then left for the entire following day. Why she took the responsibility of not contacting anybody or getting medical attention, I don't know...what blew my mind is that she stayed until 7 AM and then left her...didn't contact anybody (incredulously). And came back at suppertime. [My daughter] was in the hallway on the floor, unconscious..."

"I was in such shock...I was like a zombie...because I couldn't believe she wouldn't come out of the coma... (hesitant, broken speech). I felt I was floating...then they said they were going to do an EEG because she hadn't...responded at all, all her vital signs were back to normal, but she wasn't breathing on her own...(pained voice). I was starting to panic when they said they were going to do the EEG and they said it was flat...there was nothing there (voice breaks)...and they wanted to discontinue everything, I couldn't tell them to do it. I had them call my brother. I feel I transferred my responsibility to somebody else (voice breaks)...I failed my daughter, I didn't give her the support that she should have had."

"They talk about good bonding with your child. Maybe with my full-time work I missed something. I don't know (painfully). It was either that or her connection with this [support] group interfered with her proper thinking. This is eating me up alive."

"I must be a certain type of personality that people pick on...maybe I'm not an adequate person...and because of that maybe I'm (pained voice) responsible, if I was smarter...I would have been more aware, more clued in."

"This person who was with her did absolutely nothing (tearfully). How could a person have done that? So I have had such terrible anger at these people, and anger at myself for being so stupid (critical, angry tone; tearfully)...I would never do it, but I feel like I'd like to...cut her head off...because she took the responsibility, but did nothing...I keep saying to myself, all it would have taken would have been a 30 second phone call."

"It's so confusing (pained voice)..I feel that she put too much strength and confidence with these people and they failed her as well...I feel they failed her, but that

I'm more of a failure for not seeing this...I don't know whether she was hurting badly because of her diabetes, and I wasn't aware of it, or even whether this was all accidental..."

"This anger consumes me. It's like any material things...the human race, the world, the object of your life, they've all disappeared, they're meaningless... The anger at myself is a feeling of helplessness and thoughts of, you know, the "if onlys"...I know that's a masochistic way of thinking, but I can't help it."

"I lost...somebody I held so dear...I always counted on her...being around for many years, as part of the future. Of course I'd always hoped she eventually would find the right person and there'd be grandchildren to look forward to... I often think to myself why did she have to die, why couldn't it have been me? I fight these feelings because I still have others to live for."

"But now my outlook is bleak. Life is death...we all end it there. There's so much emptiness now (pained voice). I'm not happy...I'm full of sorrow. I feel I've lost a big chunk out of my life. It's empty, and there's nothing that can replace it. It's just gone. If there had been a car accident or some incurable disease like cancer...I'd be just as devastated but I wouldn't have this guilt...for a long time, I felt like a zombie...I'm starting to get feelings back, that I'm a human being, but there's a big hole there."

"This death wasn't the same as the death of my father. It's not the same...as a parent, losing my daughter, I'm the one that is the protector. She had somehow become vulnerable and I failed to protect her."

"The worst time for me is in the mornings when I wake up and I know right away that there's some terrible thing that's happened...my blood runs cold, and I know there's absolutely nothing I can do about it."

"I've got to get my mind straightened out and help myself on this. But how I can live, how can I help myself? I'm not involved in anything. I don't really plan anything, I just go from day to day. All my life I've been a hardworker. Well if I tried so hard, why did she die so hopelessly? A big joke on me? I'm crazy...all mixed up aren't I?"

"I haven't been able to turn to anyone for support. A relative refused help at the time, I just feel bitter about him. I know it's self-destructive but I can't help it...I haven't talked to [the psychiatrist] the same way I've been talking to you because somehow I don't think I made a good connection. These thoughts have been rolling around in my head, things I would have liked to say to somebody...like I haven't said all these things, not even to my husband. I could talk to a psychologist friend, but I should have done so with my daughter."

"I used to think of suicide...this is too much pain, I can't stand it...(pained voice) but I'm in better control of that now. I had a fear of abusing chemicals...a lot of these things I think feel like cancers growing inside of me...I'm not the same person, I never will be."

"I think that covers a large part of it. Like it's a multitude of things that is scrambling my brain. I always felt that I had such control of my life, and it all seemed to start fracturing and breaking down... It's like I'm being punished now. I don't have her anymore, I feel this big empty space (painfully)...my hopes and plans in the future

are gone. These are all punishments, I can't talk to her anymore, I can't see her, I can't make plans...I don't feel that I can find peace anywhere...it's just not there."

Discussion

As a mother, Louise had long known the parental responsibilities of protecting and nurturing her children. The deeply felt sense of responsibility intrinsic to their bond had not been altered by the fact her daughter was independent and had lived away from home for years. Subsequently, **Louise's grief centered around her sense of failure in not having protected her daughter.** Full of guilt and rage, Louise was tormented with knawing questions: How could people my daughter trusted be so negligent in caring for her? Worse yet, how could I have been unaware of her apparent difficulties and of her dependence upon these negligent people? **Is there something terribly wrong with me as a person? Did I fail to bond adequately with her? What was the point of working so hard all these years, only to have been robbed of my dreams?** Like Coleridge's Ancient Mariner (Miall, 1984) Louise carried the albatross wherever she went, a burden of guilt weighing down her whole being. To her, life was now death. She was caught in a world of limbo, paralysis and self-punishment from which she could see no escape.

Ollie's Story

Ollie's mother sold the family home in a distant town and came to live with her daughter about 3 years earlier. Ollie, aged 57 years, had remained single since divorcing in the late 1950's. She had always retained close contact with her folks and had

welcomed the opportunity of renewed companionship with her widowed mother. Together, they had built a comfortable home and lifestyle.

The trauma began when Ollie's 77 year old mother was hospitalized with severe abdominal pain. Since no origin for the pain could be located, surgery was initially delayed. Subsequently, two operations were performed for a perforated ulcer. Her mother died of infection 18 days after entering hospital. Our first conversation took place in Ollie's home just 5 months later, and the second, 12 months after the death.

I Went Home But No One Was There

"The poor soul she was so in pain...she could bear a lot of pain without saying anything, but she was really in pain. She was just moaning. Nobody came in and nothing happened, not until exploratory surgery the following midday. If they didn't know why they had to operate in the morning, then why didn't they operate at night? I feel if they'd operated at night, it would've given her more of a chance. This way she went in very weak...all night the infection had spread through her body."

"It's all hazy...we saw her in the trauma unit. She had about 14 different tubes running in her and was on the life support machine. She had a hard time talking and was gesturing and wanted her teeth, but she couldn't have them until the tube was removed from her mouth. Of course, that never happened...that was the worst part. She was...(pained voice, tearful) never able to talk to us. She tried to tell me things, but I couldn't hear her. I feel I failed her, I couldn't help."

"They ran water through to flush out the infection and she looked just like a mummy. She was all bloated with water...from her head to her feet, just huge. After

another operation, water was flushed through again. This time it went into her skin or her pores and stayed there. Her face was big (emphatic). There was nothing they could do. Oh my God (anguished tone) why didn't they stop that sooner, when they first noticed it? She didn't look like herself at all. We had a closed casket. We couldn't open it..."

"In the hospital you are supposed to die with dignity. She didn't. I think about that a lot (pained voice). I used to wake up at 1 or 2 in the morning, and that would be on my mind. By the end of the week I was a total wreck going to work. But I had to go to work. I had to get my mind occupied. Why didn't they operate that night? They still didn't know what they were going for. Why? I'm angry, because I don't feel she should be gone yet. I just feel anger, just anger very bad. They should have called for the family doctor's records, but they didn't. If they had, they would have known about the ulcer."

"Another time she had bad diarrhea. In the trauma unit you are supposed to have special care with one nurse...that nurse said I've changed her at least 20 times, took off her sweater and took off...just left her laying in it and mom was such a sweet little old lady she wouldn't want that. She'd be so embarrassed. I was shocked. I was just shocked. I just stood there and looked at [the nurse] as she went away."

"I get tired, sometimes I get so tired, for a while there...I got tired and I just felt like...maybe I should you know, go to sleep. Because my plot is also in the town with mom and dad...I get very tired, very depressed. And then I can just see the cemetary in her town. It doesn't seem to scare me.....why, I don't know."

"I don't know how I can go on. And then I stop and think, well mother would go on. That's sort of turning me around. I say, okay, this is mom's house, you're going to look after it. So I sort of turn myself around. There's still lots of other things to do. After you retire, you can go places."

"Life seems real empty without her...after my divorce and when my folk's health worsened, they became my life. I guess I'm attached to her. You come home, she's sitting here, then every weekend I had to take her shopping, because I got her out of the house. It took a long time before I could walk in here and...(tearfully) not see her."

"I know I have to let go, but it's hard. I don't know what to do. I try to keep busy. Go to work. Normally I'm a strong person, but this is greater than I am. I keep saying to myself, it's Christmas, you've got to forget it, this music is going to tear you apart. But it all surfaces again."

"On the anniversary of her death, I visited the grave in her hometown. It was like I was going home, but there was no one there. One of the things I did was arrange the upkeep of their gravestone, and I also purchased my own and went to the local chapel to make my own funeral arrangements."

Discussion

Ollie felt so completely bereft that the thought of joining her mother in death was inviting. The bond with her aging mother had provided a basic sense of belonging, companionship, and a place to care. Having recently reoriented her life around this relationship, she was now dreadfully alone, with only an estranged brother remaining. Ollie's responsibility for her mother's well-being had given her a sense of purpose.

Confronted with the horrors of physical violation and indignity, she could not reconcile the innocence and kindness of her mother's life with the suffering and indignity of her death. But at a more basic level, **Ollie struggled with losing the security of home. She had lost an essential sense of belonging, the home that is always there for a person, regardless of one's independence or age, as long as a parent is alive.**

Charlie's Story

Charlie was 42 when his eldest son, a 16 year old, died following an assault by another man. The man, a former buddy of his son, had attacked without warning after having been challenged about the way he treated women. Our conversation took place in Charlie's home 2 years after the death. Charlie often used second person "you" when referring to himself, and searched for words to articulate his experience. He also struggled to control his emotions throughout the conversation, but was nonetheless distressed and tearful. He apologized: "Obviously I didn't prepare myself this morning as well as I should have or as I normally do."

Caught In a No Man's Land of Grief

"It's been two years but it's hard to even think of it in time (emotionally). Thinking about them [a lost child], do you think about them with fondness or do you think about them with pain (voice breaking)? If you think that you've (tearfully)...done enough crying and enough grief and enough sorrow that you're over it, then its back (choking words)."

"The only thing that (tearfully) saves your sanity is that there wasn't much you could do about it anyway. But there is still the blaming yourself...something like this

[being murdered], if you'd spent more time with him to give him better grades or something, he wouldn't have been in that situation, in that kind of a life, exposed to that kind of person. Those are little guilt things that you punish yourself for...but you can't protect them all the time."

"You think what they would have become (tearfully). What they'd look like, or what they'd be in their life...that's one of the hardest things, thinking that way....He has a son, did you know that? His girlfriend was pregnant at the time. We see him just about every week-end, take him to hockey games and stuff. I'm proud of the grandson, to me it's a blessing in disguise (emotionally). We're fortunate to have a part of him around. It makes you have reason to care."

"Another woman who lost two kids said it's like your worst nightmare came true. You feel that you're different, something has happened to you that happens to very few people. I think it depends on the age too. It's not so painful if the person has lived a full life. If they lived a full life then they die, that's to be expected. I don't think that's as painful as somebody who is young."

"For a long time, like if you walked down the mall, you felt like, that's the guy who lost his son, like there's some big sign hanging over your head. It's constantly on your mind, nothing to shake it. As time goes on, it's not as heavy or strong, it gets to be more bearable. Then you feel guilty that you're not so emotional anymore...is it because you're not as loving as you used to be?"

"You ask, where's the breaking point? It was so heavy, I thought to myself, what point is it that you can't take no more, and you go into another state of mind, another

form of self-protection, where you can never reverse it to get back to normal again. To be weak bothered me, but not to the point where I lost it....You are fighting yourself all the time...fighting to maintain your sense of being, and then the other part is breaking down, the mourning part, not being able to put things in their proper perspective."

"It's almost like you're in a dull, numb situation, where you have no feelings. Its on your mind all the time, you kind of blend it in with whatever else you are thinking about. Going to work wasn't so tough, you'd rather go to work, because time spent alone is too much time to think. You get up, you read the paper, you get tired, you go back to sleep. No real reason to get up. Your drive is gone. Your interests are changed. You know (struggling for words) you just prefer not to do anything. Going out in public is...no visiting, unless they are really close friends. You procrastinate all the time, just keep putting things off. No ambition I guess."

"My wife thinks another part of it is anger. You don't control your emotions very well. She thinks that I'm always angry..at the kids over everyday kid stuff, that I talk to them like I'm angry all the time, rather than normal."

"I thought I came through it pretty good, but I was amazed when I couldn't defend myself in an argument. I was too emotional to say something. That was the first time that I realized my faculties weren't as good as I thought they were. I'm not the person I used to be....The weakness is in my emotions. Not a weakness as far as having a problem, just being weak at being able to defend yourself."

"You harden yourself, you have to harden yourself, to certain situations like certain emotions, heh? You put walls up, they protect you. It doesn't matter what it is

in life, if you don't want that situation to effect you, you deal with it. That's the wall. I'm going to ignore this person from now on, that's a wall. You just get control of your emotions and become hardened to that situation. You're able to talk about it without any emotion."

"You struggle between being emotional and being factual. When a person is emotional they don't really think straight. But if you never become emotional, then you don't get any better. If you are always factual, cold to the situation, then the problem never goes away. That release of emotional thoughts, it's therapy. But there's a lot of people that can't discuss that sort of thing and it seems to me I'm probably one of them...that self destructs inside themselves. You keep all these problems in so therefore you go through the turmoil all by yourself."

"I actually had compassion at first for the guy that killed him. Everyone was angry, but I said, there's no need to want revenge. He's going to be punished the rest of his life (emphasis) for having done this. So there's no need for us to get revenge back on him, it's going to happen all by itself. But when the doctor's report came out that he was the type of guy to have no remorse, it turned to bitterness. When nothing good comes out of it, it's not good."

"You can blame the person that did it, but very rarely does that ever enter my head. Like I said to my wife, he's not part of our life and by being angry it just lessens us as people."

"I had another altercation here the other day, this fellow at the rink was swearing at one of my sons...I just came around the corner when the guy was mouthing off...I

ended up hitting him. At the courthouse a fellow reminded me of the guy that killed my son...I sat there looking at him, a little bitter, angry, relating him to the same type of person. But I don't think much of him, I can disassociate that guy from whatever happened. He's got nothing to do with my world, my family, he serves no purpose to even think about him. I don't think it's mentally healthy to be angry, to dwell on something like this...you can't go on with your life when you're so bitter and anger...So obliterate them, just wipe them out of your system and don't even think about them, it's the best way I have of dealing with it anyway. As a kid, I got in a lot of scrapes, so it was a natural thing for me, when I walked up to this guy, I hit him so hard he ended up in the hospital for three days. Broke his jaw in a couple of places...I didn't want to hit him that hard, it just happened. The adrenalin starts to flow in me. But after this happening, being charged and everything else, I'm still talking to myself, saying this can't happen anymore, like this is not good."

Discussion

To Charlie, the 2 years that had passed since his son was murdered seemed insignificant. He struggled on in a no man's land of confusion and conflict, living in a world of limbo, not knowing whether to remember with fondness or with pain. Despite his efforts to dissociate himself from the man responsible, he was haunted with anger and bitterness that erupted in unexpected moments of violence. **Charlie was caught in a world of thoughts and feelings he couldn't bring himself to share with others.** Grown men stay strong, they don't cry or break down, they don't seek revenge, they just go back to work. **Charlie's story raises questions about grieving as a man, but from**

an even broader perspective, it draws us to consider the experience of being haunted by ongoing, unending grief.

Organizational Overview

Participant stories have been retold in some detail, and discussed in a preliminary manner so as to point to possible thematic explorations. Earlier, the personal and theoretical home for the guiding question was elaborated. A way to understanding bereavement experience, via a hermeneutic phenomenological approach, was detailed. The stage is now set for Chapters 4 through 9 following.

Chapter 4, **The Loss of Connection**, uses Nina's story as a means of examining the nature of the loss necessarily entailed in bereavement.

Chapter 5, **Transforming the Connection**, focuses primarily on Daniel's story to investigate grieving as a possible means of clarifying one's identity.

Chapter 6, **Bonds That Sustain, Bonds That Restrain**, concentrates on the stories of Reuben, Louise, and Ollie to explore how grieving reveals the nature of the bonds within which we all live.

Chapter 7, **Living in Limbo**, utilizes Charlie's story, and to a lesser extent, Louise's, to investigate bereavement as an ongoing experience of limbo.

Chapter 8, **Death Looms Over: Facing Mortality**, focuses predominantly on Nina's story as a means of exploring how bereavement entails confrontation with death.

Chapter 9, **Turning Homeward**, provides the opportunity for closing reflections in light of the overall study. Implications for theory, for further research, and for counselling are considered. The text is also discussed with respect to other human

science research and literature pertaining to human meaning and bereavement. Finally, my involvement in the hermeneutic process is explored, and the chapter closes with a brief elaboration of the study's limitations.

CHAPTER 4

THE LOSS OF CONNECTION

> And I scarce know which part may greater be, what I keep of you, or you rob from me.
>
> (Santayana, 1894/1979, p.126)

> God forgive me, but how will I ever know myself without her regard?
>
> (Connor, 1992, p.68)

Introduction

From the earliest moments after the accident, Nina was aware of a profound loss of connection with her sister. This loss of connection remained central to the whole of her subsequent grieving experience.

> Now there is just this little box and a name plate and she is gone. It was so fast...there was no end. We had supper, then she was in the accident and that was it.

Even before the death, Nina sought to retain a special intimacy with her sister. She stayed close in intensive care, holding her hand. She was present at the moment of death. Overwhelmed and in shock, Nina was horrified to realize even her memories of her sister had suddenly disappeared. She had no recollection of her appearance, of her mannerisms, or of her voice. In the face of this traumatic amnesia, she felt intensely ashamed. She thought to herself that she must be the most unfeeling, uncaring person on earth.

Later, she wanted the funeral to be an intimate event. The presence of relative strangers felt intrusive. As well, Nina resented that her parents decided on a cremation.

She wanted her sister to "be there" somehow. Cremation left just a little box with a name plate.

For months thereafter, Nina struggled to recreate an intimate connection. She wore her sister's shirts and other clothes. She conceived a ritual in which she remembered the horror of the experience, to have some sort of connection. Although enacting the ritual was terribly painful, it gave her a measure of comfort as happier memories flooded back subsequent to her review of images around the death trauma.

Reflecting on Nina's story, we are led to question the nature of this loss of connection, so critical to her experience. It seems self-evident that the most essential loss in bereavement is that of the other person. At the moment of death, the forcible deprivation of face-to-face relationship is beyond comprehension. "How can this person really be gone? I don't believe it." But the warmth of life slowly gives way to the cold reality of death. The person who dies has "passed away," taking away the last opportunity for direct contact. All of their memories, the recollections which only they could have expressed, their voice and gestures, their laughter and spirit, all are replaced with silence and stillness. Our ways of relating, our shared meanings, the times, places, events and rhythm of our life together, all become a part of the past. Gone, too, is any future we may have anticipated, openly or implicitly. The connection appears irreparably broken, the world irrevocably changed.

Yet the connection is also sustained. Returning home, we sense the presence of our loved one, perhaps sitting in their familiar easy chair. Everywhere we turn, reminders confront us with a sense of presence...or is it absence? Later, when the initial

shock and disbelief have passed, our greatest comfort may be to talk about the loved one. Remembering together, acknowledging the connection, seems to assuage the anguish of loss.

In this chapter, Nina's story will be used as the primary basis for exploring bereavement as a loss of the personal connection, one person to another. At the crux of this exploration are questions concerning the reality of the loss, and the nature of human connectedness and of grieving. What is it, or who is it, that dies? Where does one person end and the other begin? And for whom do we grieve?

Cast Into Grieving

By its nature, the loss of connection casts survivors into confusion and emotional turmoil. The intense anguish, panic, and unreality experienced by Nina reflect the power of this rupture. Her sense of continuity, rhythm and meaning in life was "broken apart" by the suddenness and horror of the death. The origins of the word "bereave" in the Old English, reafian, meaning to rob, plunder, or take away by force (Skeat, 1910), indicate something of the violence inherent to the experience. Even in the gentlest of deaths, those who survive are forcibly deprived of a loved one. Any remaining shreds of hope, for more time, for recovery, for last words, are challenged in the ultimate manner.

The profound shock and panic of being cast into grieving are deeply embodied. In a physical sense, the use of the word "shock" indicates shaking, being jarred. Nina's physical response to her sister's death was total and violent. "I cried endlessly, vomited, couldn't eat or sleep, and began to smoke. My stomach was in knots. I felt raw inside,

raw and sick." In parallel with Nina's experience, Louise used a language of intense violence. "When it happened it was like an atomic bomb went off in my head."

Intense numbness and disbelief are connected with such physical shock. A person's sense of presence and of personal agency is profoundly disrupted. Nina became numb. The everyday world took on an aura of unreality. "I was there but I wasn't there." She reassured herself with thoughts that "this isn't really how it is. They've made a mistake, she is going to come back home and everything is just going to go on." Her response reflected a tacit understanding of the enormity of her loss.

During such times, most people experience a sense of "going through the motions." The everyday order of life is no longer significant. The sense of perspective and meaning, most often taken-for-granted, is suddenly lost. Events maintain momentum according to custom and necessity. The doctor meets with the family. Phone calls are placed. The funeral must be planned, arrangements made, people taken care of. In the shock and devastation, those directly involved often experience profound helplessness, vulnerability and even a sense of paralysis. Thus Nina was unable to feel or act as she normally would, unable to find her voice or to stand up for her own preferences.

Embodied pain points to the deeply threatening quality of bereavement. The common language used to describe this pain is metaphoric for the power and forcefulness of the rupture in life. A person is broken, devastated, falls apart, or collapses. The pain is wrenching, unbearable, overwhelming, paralysing, all-consuming. Bereavement pain is deep, cutting through to the bone as the everyday taken-for-granted structure of the personal world is broken. A disempowering force is felt, mirrored in the origins of the

word "pain" in the Greek, poine, meaning penalty or payment (Webster's, 1965). It is sometimes said that grief is "the price we pay for having loved." The pain of bereavement may even be experienced with a punishing quality. It is as if inflicted by an external power beyond human control, so that survivors are reduced to helpless endurance.

If bereavement was focused around just a singular loss of the other, we might expect far less turmoil to emerge. As an emotion, grief by itself sometimes shows a cleansing quality. If a person surrenders, grief by itself can be experienced as a clean, sharp pain, a pain that somehow feels right, appropriate. "When I cry for her, the anxious, melancholy feeling is replaced by resignation and feelings of being spent and cleansed (Anonymous, personal communication, 1988)." Fully acknowledged, the pain of grief by itself may leave a person peaceful, calm and even pleasantly fatigued. However, in the commotion of bereavement, grief itself is more often mixed within a profusion of other feelings, thoughts and sensations, all of which presage the multifaceted reality the loss of connection entails.

The Reality of the Loss

The turmoil and devastation experienced by Nina, not just at the time of death but for months thereafter, is a reflection of the complex reality of such a loss. The reality of a loss is not just the death of the other. Bereavement entails not one loss, but many. It is a rupture of a whole network of connections, connections which sustain meaningful identity and purposeful action. The loss of this connection shows how our lives are entwined, embedded one within the other in a web of meaning and relatedness.

Just as the reality of a loss is not singular, so too the realization of loss does not occur at one point in time. Particular aspects may seem unreal or hard to believe even years after a death has occurred. The reality of loss is emergent, revelatory in nature. It may never be fully grasped. The reality tends to be known gradually, "sinking in" a little more with each remembrance, with each pang of grief.

By way of example, consider the multifaceted nature of Nina's changed reality. She lost her little sister, but their relationship had also carried the nurturing overtones of mother to daughter. She had long been known as a "little mother" by family. Thus she lost not only the opportunity of knowing her sister as an equal person for sharing and companionship, but also the future of watching her "little one" grow and mature. "I had envisioned she would have a family, you know, a home and a white fence and a family of her own coming together for dinner."

Inwardly, Nina felt she had lost a piece of herself that had been inspired about life. She felt raw and older than her age. She lost her innocence, her belief that life always worked out for the best no matter what the problem. She was confronted with the horrors of a violent death, horrors she could not ignore. The possibility of this kind of death loomed over her as life went on. Thus, innocent beliefs about herself, about her capacity to exert control or to maintain invulnerability, also fell victim to the experience. She was confronted with the reality of her own human limitations. Other innocent ideas about herself, such as thinking she was not one to harbour strong negative emotions such as rage, anger and bitterness, were also thrown into question. Her everyday attitude of taken-for-grantedness was challenged, so that she came to appreciate her opportunities

and blessings more wholly in the moment. "I realize life is so short now." In bereavement, one's customary connection with self, with one's sense of efficacy and meaning, may be thrown into disarray and lost. One's taken-for-granted connection with the world at large, with one's sense of order and justice, may be thrown open to question or shattered.

The reality of Nina's loss extended into her social world, again beyond the singular connection with her sister. Her sister had been a link to her family, a go-between.

> You'd think that something like this would bring a family closer together. Ha. (bitterly) It's done exactly the opposite. Everyone's polarized their directions...I think I'll just go and make a life for myself. I don't really feel like I have any ties to my family anymore. My family is so destroyed, just so destroyed.

The funeral and events in the aftermath of a death are an opportunity for family and community to rally in support of each other. They provide an opportunity to be there, to share in a solemn event that marks and honours one life specifically, and all lives more generally. In this time of intensity and pain, the strengths and weaknesses of relationships are put to the test. While heightened community and understanding may be obtained, rifts, alienation and bitterness may also be exposed and fostered. For Nina, the time was one of realizing the immense losses in her family, losses which had been years in the making but were now crystallized.

As events in the aftermath of a death may reveal the embeddedness of self and community, so too the language used by the bereaved is telling of the embeddedness of self and other. "I was just totally devastated, blown away." "My life started to fracture and fall apart." "It's like I lost a big piece of myself." "I felt so totally empty."

Several months after the death, Nina began feeling intensely afraid of being alone. "Everytime I was alone I would just break down." She felt sick inside whenever she found herself by herself. She always tried to be with others to avoid the feelings.

With bereavement, the completeness of one's self is violated. One's continuity is disrupted. In the death of the other, we do actually lose a part of our self. We lose our daily rhythm and purpose, the customary, patterned ways of acting in relation to another, the patterns through which we are defined. When we think of it, who are we without our connections to other people? We live everyday life in the space of these connections, defined and reflected in interaction with the other. Even the hermit is defined socially, by avoidance of such connections.

In relationship with others, our sense of self emerges more clearly and deeply. As Connor noted after the death of her mother, "...how will I ever know myself without [your] regard?" Who was Nina now, without her younger sister to nurture and encourage, without this bridge to her troubled family, without this future companion and friend with whom to share? Where do I end as a person, and you begin? What is the reality of my loss? Nina's story points to the way in which our lives, and our sense of who we are, our identity, are embedded in our interrelatedness with others. We can see how through her connection with her sister, she knew herself as a nurturing person, a source of support, inspiration and hope for the future. She knew herself as a person of capability, empowered, purposeful and caring. She knew herself as a person who belonged, in spite of the family's pain.

And so we ask, for whom and for what do we grieve? Certainly we grieve for the loss of the other, but we also grieve for the losses of self. Grieving is an active appreciation for the possibilities already fulfilled in life, and for the possibilities now stolen away. Grieving is not necessarily selfish. It does not deprive others of something rightfully theirs. Rather, grieving may be self-full. It opens the way to living one's possibilities again, never in the same way, but in a way which fulfils self and honours the other. Through acknowledging the multifaceted reality of our loss and thereby owning our pain, our sorrow, our anger, our guilt, and the like, we own our possibilities, our potential. We own our responsibilities and our capacity for effective action. We are empowered. Active grieving may thus be a self-fulfilling activity, an affirmative action for the self.

And The Connection Lives On

Two years after the death, Nina experienced a continuing sense of connection, but by this time the connection was with her sister's life as much as with her death. Nina felt that she carried a big piece of her sister within herself.

> I see myself now as a carrier of the flame. I excel at school and other tasks in her memory. I want to do my very best in her honour. When times become difficult I carry on because she cannot...my relationship with her now is to carry on for both of us.

Nina lost the connection to her sister, but ultimately she transformed the connection into a source of creative energy and inspiration, like a "new faith." Her commitment to life was renewed, dedicated to living as fully as possible in her sister's memory.

In the light of this transformation, what is the reality of the loss? If the connection is kept, remembered and honoured, what do I keep of you? What gain is

possible in spite of tragedy? What must die? What must be surrendered? These questions will be explored more fully in the next chapter.

CHAPTER 5

TRANSFORMING THE MEANING OF THE CONNECTION

> Death ends a life...but it does not end a relationship, which struggles on in the survivor's mind...toward some resolution, which it never finds.
>
> (Anderson, 1968, p.113)

> Grief is the doorway to a man's feelings.
>
> (Bly, quoted in Lee, 1992, p.31)

Introduction

Although the face-to-face connection with a loved one is severed at death, survivors typically struggle on in a grief-filled world of reminders and memories. Patterned activities and time, photographs and other keepsakes, personal images and shared recollections, all serve to sustain the connection which has been lost. Dwelling in the heaviness of grief, the bereaved seem to understand intuitively the importance of such ties. At the same time, friends and relatives more distant to grieving frequently admonish the bereaved, "you must let go and get on with your life." Sometimes such "letting go" is confused with the act of forgetting a loved one. On the contrary, letting go is accomplished precisely through the action of remembering and honouring. In the act of remembering, one surrenders to the associated feelings, explicitly acknowledging for oneself the personal meanings inherent to each feeling. The death of someone close issues a challenge to each person left behind in life: How was this person of particular significance to you? What meaningful part of your life was played out through your relatedness? On the basis of this connection, how will you now go on in life? In this chapter, Daniel's story provides the focus for further exploration of the loss of

connection, one person with another, and how the connection may be kept and transformed through the time of bereavement.

Keeping the Connection

In the years since his father's death, Daniel had remained caught in a no man's land of bereavement. He lived in limbo, full of grief yet either unable or afraid to surrender to the thoughts and feelings necessitated by grieving. If he began talking about his father, the grief conveyed a sense of freshness, as if the death had happened only recently. But most of the time, Daniel simply avoided the pain. "I'd avoid talking about it. If I felt the big knot coming up in my chest, instead of letting that come out as tears, I'd push it back down...and it never went away." Hanging on to the pain seemed to be the only way he could retain the emotional connection he longed for with his father. The knot of pain in his stomach seemed symbolic of the entangled, confusing relationship. The knot was a symbol of ongoing woundedness. As long as the relationship was not addressed as a source of confused meaning and pain, the knot persisted.

Daniel kept the connection alive in a variety of ways. He kept in touch by visiting the farm his father had homesteaded as a boy. Here, he was aware of his father, of something like his presence, or maybe his absence. "It was like going through this scrapbook of his life, just walking around the farm or working there...these were his tools, this was his hammer..." Daniel was more involved on the farm that first summer following the death than ever before in his life. The connection continued on through the years. "I've had this emotional connection through the farm, that I had to go through these little rituals like mowing the grass and picking rocks."

But the connection with his dad lived on in other ways as well, permeating and crippling whole areas of his life in a subtle yet powerful manner. Having begun years earlier, these attachments weren't just specific to his father's death. But since they were connections to his father deriving from the ways in which they had lived together, they necessarily became a part of his grieving. In fact, it was through his active grieving that Daniel became aware of how the patterns were being sustained.

Daniel always felt his accomplishments were never enough. In spite of his considerable and wide ranging achievements in life, he felt a vague sense that something was missing. He was never quite good enough. As well, the troubled bond to his father reappeared as a ghost in his adult relationships.

> I see it where I'm rejected, yet cling to the relationship. "Maybe if I just do enough you'll think I'm okay." As long as I hang on to whatever is left in a relationship, I don't have to deal with being left on my own, helpless and weak.

In retrospect, he realized that some of his adult relationships had resembled his earlier relationship with his father. In them, he didn't know what he had to do to be loved.

Daniel felt like he had some other "wrong equations" in his thinking. He confused love with pain. Pain felt like love to him. One of the core relationships in his life, one we generally expect to be a love-filled bond, had been incredibly pain-ridden. As well, Daniel feared ending a relationship because he would be alone, empty and unloved except by his children.

> I've spent a lot of my life with that sense of emptiness. It comes in when I feel defeated, and what creeps back in soon after feeling defeated is anger, just like with my dad. And if I want to be loved then I can't be angry.

In the face of such a confusing quandary, how could Daniel see his way out of grieving? How could he express anger about the hurt he felt in relation to his father, if such expression would in his mind lead to further rejection and emptiness? And how could he even begin to grieve if the reality of his loss remained so confusing and vague? Hanging on to the pain as a way of hanging on to his dad appeared to be his only alternative. We can see that his bereavement entailed much more than just the loss of his father. He needed to grieve for his father, but of at least equal importance was his need to grieve for his own losses. He felt like it was a part of himself that was dying, but he couldn't let it die.

> That was the part of me that needed to be told I was okay, the part of me that needed to be recognized as being competent, the part of me that needed to be accepted as a man in relation to him. That part needed to die, but I kept all the pain inside.

Unable to face the death of such a painful yet sustaining connection, Daniel lived in limbo, weakened and paralysed. For a number of years he could see no way out. He drank heavily at times, found himself in the occasional blind rage, and only rarely surrendered to his deeper feelings of grief. To grieve, he would need a clearer knowledge of his loss, of who and what to grieve for. And he would need to change his relation to emotion, to find a voice for his pain.

Transforming The Meaning of The Connection

Relationships leave legacies, legacies which necessarily warrant an accounting. The balance of rights and wrongs, of debts owing and owed, of things said or left unsaid, of actions hurtful by way of ignorance, malice or absence, must be reviewed and redressed. For Daniel, the problematic relationship he had experienced with his father

did not end at the death. Instead, the death left Daniel with a crippling legacy, an enduring sense of unworthiness, incompetence, and inadequacy. Death robbed Daniel of any opportunity to have his hunger for father love satisfied directly by his father.

> What made my dad's death so monumental to me, and I hadn't realized it consciously until we've had this conversation, was that I had been waiting for that message from him. One of the stunning things, even though I didn't really realize it, was that I was never going to hear that.

The major turning point for Daniel had been a participatory workshop on grief and bereavement, which he took as an opportunity to become active in exploring his grief. He found that he had to begin by acknowledging the deeply troubled and unsatisfying relationship he had had with his father. It was only through this exploration that the reality of his loss became clear.

Daniel realized that he always felt he was a big disappointment to his dad. "Going to the farm was like a way of paying tribute...but it was like I can never do enough to repay, I will never be adequate enough to be seen as worthy." It seemed as if his father had worked hard so Daniel could follow in his footsteps, but he just wasn't interested in farming.

Exploring the relationship in retrospect, Daniel realized how he had been left with crippling ideas about himself. "I got these mixed messages growing up. At school I was smart, but at home I was lazy or inept or incapable. It was like I was an idiot savant." He grew up thinking of himself as incompetent, incapable, a loser and a weakling. In their interactions, his father had always been right. From this unassailable position he had seemed uninterested in his son's feelings, preferences and abilities.

> I used to describe myself as a member of the loser's club...no matter what I did, no matter what I said, I was always defeated, because dad was always right.

The relationship had been a tyranny, and although the king was dead, the rules had persisted and were only slowly fading away.

Daniel had felt like he never belonged, particularly among men, and assumed it was because of some terrible inadequacy on his part.

> I feel like my father kept me outside of love. I don't know what he loved. He only noticed my mistakes, and he had his fun with others. I never had fun with him...I was some little jerk that came along too late, after the game was over (said hesitantly, pained sigh).

For years, Daniel had experienced a deep longing for intimate connection with his father. "We lived in two different worlds. I wanted him to be able to experience my world." He remembered travelling overseas, years later as an adult, and the person he most wanted to share the experience with was his dad.

Ironically, the positives in their relationship had been almost completely overshadowed by rejection and disappointment. "He tried to explain nature to me, but I guess there was so much more going on in our relationship that the beauty got lost somehow." Daniel really admired some of the ways his father had managed the farm, but at the same time he had seemed so unapproachable.

In coming to a clearer vision of the reality of his loss, Daniel changed his relationship to pain. Keeping the pain, the knot in his gut, kept the connection the same. His breakthrough was in realizing that all of his feelings, "good or bad," held energy for him. If he could speak his truth about feelings, he would be living more fully.

> I learned to be in touch with that pain...cry my tears and then it's like the rainstorm that blows over.... Before, I couldn't experience my sadness that way,

> just by spending time with it and acknowledging the pain. Now I'm freer to entertain the pain.

As he surrendered himself to the painful reality of his losses, he began to feel powerful and excited. The world of limbo, a closed circle of pain where self ownership is in question, became an inner world where Daniel could say, this is my truth. He became increasingly energized. He also learned he could remember his father without being overwhelmed by pain.

Owning his anger in relation to his dad enabled him to dump some of the crippling ideas he had held about himself.

> It was me realizing that I didn't have to wait for my dear dead father to tell me I was okay. If I was ever going to feel okay, I needed to get those messages from myself or from other people. I was never going to hear it from him, because he's dead. I could wait a long time (pained voice).

It dawned on Daniel that he had been waiting for his father to give him "an exit visa from childhood." With his unfulfilled hunger for affirmation and father love, he couldn't hear or accept positive, loving feedback from anyone else in his life. He became aware of a new sense of responsibility for himself, a recognition of his responsibility for the creation of ongoing life.

In the process of finding his voice for pain, in learning to surrender, Daniel experienced turning points which showed him powerfully that it was possible to feel peace and harmony again. One such turning point occurred after he had described drawings of his father's death to workshop participants.

> After, I went outside and had this incredible experience of lightness, of euphoria...it was wonderful. It was a sunny day, the sun was streaming in, and I felt light in a radiant kind of sense, in a physical way, like there was light inside my body. It just seemed wonderfully natural. I felt so connected with the world.

Such a moment can be a peak experience in life, a transformative moment that inspires hope. A door to the world beyond limbo is opened, enabling a person to persist on a course previously filled only with unending pain and futility.

During our second conversation, Daniel was flooded with powerful recollections of himself and his father. He vividly relived earlier times and places, as if he had entered another reality. Remembering, he sobbed and gasped for air, overwhelmed with emotion. Images of the past were connecting and making sense for the first time. "It was like something that was really tight, got so tight that it just burst." Encouraged to stay with the experience as it unfolded, Daniel gradually described the images, replaying them in his mind like a slow video.

> I'm eight years old I guess. I wish I could speak as quickly as these images are flashing, but I don't think the tape will pick it up.

Daniel recalled an incident in which he took a hammer to his father's wooden milking chair in the dairy barn.

> I just hammered away on this chair until it was kindling. He didn't say a thing about it. Like what do I have to do to get your attention? Can't you see there's something wrong here?

This incident connected to images of family vacations in the mountains, to his frustrations and rage at returning to the same old camping spot year after year. It was on one of these trips that Daniel began having seizures.

> They were just like an emotional explosion that took an nonemotional form...I couldn't say, "what the fuck are we doing in this stupid campground again?" I fell apart inside. It was a very powerful physical expression of all the stuff that I was feeling...like the destruction of his milking chair.

Living with this destructive rage, Daniel had always felt divided against himself, as if the centre of his being was smothered in anger. As a youngster, he had struck outward, external to himself, but as an adult he had harmed himself, attempting suicide and drinking heavily.

More images flooded in, of sitting in church one Sunday, between his mother and father.

> I feel like I've just been close to my dad, maybe as close as I could ever be. That was wanting to take his hand and wanting to know what it felt like to be strong and to be a man. I want to be able to sing like he can but I can't sing worth shit, so I whistle instead. Actually, my mom told me this story, apparently I was one of the minister's great moments in the pulpit (laughing). I wanted to be strong, I wanted to be able to sing my praises...I realize how lonely I was as a child. The way out of my loneliness was to become a man, so I reached out to my dad.

The loneliest thing of all had been reaching out to his dad, to no avail, but in these moments of conversation Daniel had experienced the closest sense of that reaching out and connecting that he could recall.

Through this process of owning his emotional experience, Daniel was not simply withdrawing emotional energy so it could be reinvested elsewhere (Worden, 1982). Each emotion is a form of judgement about an event. As such, emotion reflects a lived meaning, a personal significance. As emotion is transformed through attending to it, through being with it in full awareness, so too one's personal understanding is transformed. As Daniel lived more fully in his sorrow, his profound acknowledgement of loss opened the way to affirming and loving himself by other means. As he expressed his anger, he became increasingly empowered, more able to stand on his own apart from his father. He was able to put longstanding notions of personal incompetence and

ineptitude in a different perspective, opening to the possibility of a self worth which was his to claim in the present. The troubled legacy of his connection with father, while not forgotten, was redressed and transformed. A kind of relational integrity was restored, a new balance in which Daniel could acknowledge both the positives and the negatives he had lived in the context of this bond. In restoring integrity and balance, Daniel's experience was one of coming home to himself. The connection with his father, although initially lost, in the long run was retained, transformed, and finally, honoured.

Honouring the Connection

What does it mean to honour the connection? How is honouring the connection related to healing through grieving? And does one ever completely heal from such a loss?

Honouring the connection means to honour one's experience in grieving. It means to acknowledge the legacy one is left, both the good and the bad, to speak one's truth, to own and find a voice for pain, to become more self responsible and more authentically human. Ultimately, honouring the connection brings a person more fully home to self, to a stronger sense of identity and meaning.

> This discovery of myself, this business of coming home to myself, has made me stronger in lots of areas in my life. I just feel capable of doing whatever it is I need to do.

In learning to express his feelings, Daniel found a voice to express who he was becoming. He felt connected with more of his own experience. "I feel a sense of freedom to entertain my pain...it will be painful, but it's not going to weigh me down the way it has in the past." He had acquired an appreciation for the transitory nature of

life. "I was stuck, frozen in time, but I'm unfrozen now. I'm back in the river of life." The strength enabled Daniel to take responsible action. "If good things are going to happen in my life, I have to put energy and direction into making them happen."

Daniel would no longer allow his father to remain a tyrant over him.

> As long as my dad was alive, he held a very important place in my life in terms of who I should be. Then when he died, I held that image sacred, like "okay, dad's not here physically but I have to remember all the things he would have wanted me to do, I better be good or my dad will be mad at me."

Whereas before his father was telling him what life was all about, Daniel was now telling his own story.

In addition to his recently acquired sense of self responsibility, Daniel enjoyed a new sense of freedom relative to the past. His perspective on purpose was renewed. "I've realized this struggle with my identity is my destiny, to free myself from the past which was undercutting me." Through active grieving, Daniel felt free from his childhood. It was now his choice to go back in time to explore and discover whenever he wanted to. He was not immobilized, whereas before, "any effort to go forward meant straining against the leash that held me to the past."

A physical sense of peacefulness and harmony, so notably absent in grieving and in the world of limbo, had returned. Healing through grief, one's alienation from the world and from one's self, is lessened. A person returns to a sense of wholeness and harmony.

> My sense of peace since the summer has been acknowledging finally that there was so much of me still connected to dad. I think that part of me died from holding my breath, waiting for that pat on the head. I finally realized that that part of me had to die for me to be okay, to feel competent, to feel like a man.

In transforming the connection, Daniel came to honour the place of his father, positive and negative, in his life. He may not have liked many of the experiences they had shared, but he was clearer about the implications and had embraced much of the pain. He honoured his need to grieve not only his father's death, but also the many losses he had suffered in the unfulfilled bond of father and son.

Through acknowledging his losses, the way was opened to enjoying new-found appreciation of the gifts his father had given. His dad lived on with him in some startling and surprising ways. He remembered cross-country skiing through a spruce wood along the river, going through a spot with a sprucey aroma.

> I wasn't thinking of my dad when I went in there, but it was like, phoof, I went in there and I had a very strong recollection of him...a sense of his presence. I had shared a lot of things in nature with him, because he was there in the spruce woods for me.

Daniel could appreciate that his dad lived on in other ways too. Part of his legacy was a cottage he enjoyed sharing with friends and family. "Having a place like that was an ideal of his that I've taken on without questioning." Over the years Daniel had in fact become a farmer. He no longer felt like his father's 10 year old son when he visited neighbours to discuss planting and sharecropping arrangements. His father was now present for him whenever he went around to look at the crops. "It seems funny given my lack of enthusiasm as a kid. Now there's nothing I enjoy more than driving and looking at them." Overall, Daniel could appreciate his similarities and his differences, his attachment and his separateness. As his own man, he finally felt he was his father's peer.

The Father-Son Bond and Grieving

The loss of connection experienced by Daniel was lived in the context of the father-son bond. As one of the most basic human relationships, the father-son bond is one of enormous potential. It is a fertile ground between two males, a space within which they may both develop and enrich their separate and interconnected identities. Fathering invites a man to grow in his capacity for nurturing, leadership, playfulness and teaching. In complementary fashion, a son is invited to explore and learn according to his unfolding capabilities as a male person. A father is vital to the fulfilment of his son's identity. From father, a son learns what it means to be a man, in action, intellect, attitude and emotion. Hopefully, the son is protected and encouraged as he plays with, explores and eventually masters the skills essential to growing up. From his father, a son may be bestowed with acceptance as a man among men, competent, confident, flexible and equal, capable of both independence and interdependence.

Daniel's story is a poignant statement of the son's hunger for father love. Unfortunately, the bond of father and son in our culture very often goes astray, unfulfilled and largely unacknowledged by men (Kipnis, 1991). Too often, it resembles the painful connection shared by Daniel with his father. The bond develops as one of charged expectations, unspoken feelings, and unrecognized hurt. Caught in a subtle web of competition and detachment, in extreme versions the father-son bond fosters violence and aggression. But more often it is simply one of distance, judgemental attitudes, and emotional isolation. In the effort to fulfil the assumed male role of provider and "master of the universe," the father's involvement in parenting often becomes one of quiet

absenteeism and abandonment. The son struggles unknowingly to measure up in father's eyes, cut off from the worlds of other men and accessing the world of feelings primarily through the women in his life.

Given some variation of this scenario, the death of a father may provide the wounded son with an opportunity to retrieve the fullness of his identity, of his maleness and his humanity. Through grieving, the son may restore a measure of integrity to the relationship he shared with father and a degree of truth for himself. He may find a voice for the numbness and the silence, for the feelings of abandonment, emptiness, sadness, rage and disappointment, among others, which have gone unspoken. The powerful dictums conveyed through silent example over the years, against which external success is judged and inner self-worth is affirmed, may be recognized and questioned. As in Daniel's experience, the story of grieving for the loss of the father may become a story of homecoming for the son. The lost connection may be kept alive for more than the pain and the isolation, explored and transformed as a source of renewed identity and meaning.

Concluding Remarks

In remembering and honouring the other, one creates a living memorial. The lost connection is transformed. "I keep of you" and in doing so I come home to my self. In sharing and remembering, the fullness of one's losses is brought forward, creating a believable reality which can then be clearly grieved. In speaking the truth of one's experience, the struggle within is put to rest, opening a way to acceptance and self-fulfilment. One becomes more authentically human and more fully one's self.

Healing is a movement toward a new wholeness, albeit with scars. Certainly, one is changed, never to be the same again. Perhaps as Anderson (1968) suggests, total resolution is never reached. Maybe there is always some small knot of pain waiting to emerge unexpectedly in the course of life time, or at least, some sense of sadness or lingering emptiness. Grieving is, after all, a call to meaning and reflection. The human world of meaning is an ethereal realm subject to evolution and change. One moment in time may cast entirely new interpretations on an earlier understanding. Some questions of meaning may be impossible to resolve. For example, Nina felt there were lingering questions to which she had no answers. She was resigned to never answering them. Reuben perceived his "unfinished business," missing the opportunity to say goodbye to his wife, was both unanswerable and without sense. Such unanswerable questions are a valid dimension of life, showing us that we perhaps idealize resolution, thinking it has a definitive end and is necessarily positive and pain free. But there is no end to the evolution of human meaning. Authenticity embraces all, the joy, the gifts, the losses, the lingering questions, the pain, recognizing that each is as much a part of life as another.

CHAPTER 6

BONDS THAT SUSTAIN, BONDS THAT RESTRAIN

> Self-being is only real in communication with another self-being. Alone, I sink into gloomy isolation - only in community with others can I be revealed in the act of mutual discovery.
>
> (Jaspers, 1941/1975, p.174)

> And ever has it been that love knows not its own depth until the hour of separation.
>
> (Gibran, 1923/1973, p.8)

Introduction

While some degree of shock and disbelief may be almost universally experienced at death by survivors, ensuing grief is coloured by the particulars of the bond around which a relationship is created. The origins of the word bond are in the Old English, **bindan**, meaning to bind (Webster's, 1965). Between persons, then, bond suggests a connection which is binding or restraining. A bond is a uniting link, a covenant with which implicit responsibilities, privileges and obligations are traditionally associated. A bond provides the structure which both sustains and restrains, a structure grounded in the social and cultural fabric of humanity.

However much our culture may emphasize individuality, as humans we are inexorably social beings. Our earliest social bond is inevitable, a matter of necessity for survival. Born helpless and only partially developed, the human infant requires a close physical and emotional connection with at least one person in order to guarantee the sustenance essential to further growth. For most of us, this primal social bond is built upon the blood relation between parent and child.

The parent-child bond is one of several elemental bonds within which our relationships are conducted throughout life. Others include those between spouses and between siblings. These bonds may be strengthened or weakened by way of the experiences shared. In important ways, the relationships we develop within blood bonds become prototypical for all other relationships. Just as with blood bonds, the bond between unrelated persons may grow stronger by virtue of shared experience, so that a history of togetherness and belonging is created. Even in these relationships, the simple act of opening to another person places a claim of responsibility and mutuality between persons (Pax, 1982).

The existence of a bond, in the form of at least some meaningful relationship, is an essential basis for grieving. If lives are not in some way entwined, if no meaningful history is shared, grief at the death of another is absent. But where meaningful relationship is shared, and especially if that relationship is built around one of the bonds central to human social existence, bereavement confronts us bluntly with the significance of human bonding. With the loss of the person, the lived significance of the bond often emerges more clearly. Feeling that someone has been ripped from our midst by death, we strive to retain the connection. Now that the other's life is encapsulated between birth and death, the entire history of the relationship as it was built upon the underlying bond comes open for reflection and questioning. In this chapter, the stories of Reuben, Louise, and Ollie provide the focus for exploring the meaning and specificity of grieving with respect to human bonding.

A Husband's Nightmare: There Isn't Anybody There

Reuben's story invites reflection upon the significance of the intimate bond with a spouse. Marriage, in either conventional or unconventional terms, is a commitment to building a life together. It is a coming together by choice, on the basis of shared love and common interests, needs, goals and dreams. "In sickness and in health, 'til death do us part," the commitment of marriage traditionally provides a secure home base for mutual support and protection, for providing economic wellbeing, for raising children, and for enacting shared dreams. Long-term, this relationship may become a unity of mutual understanding and comfort, fitting like a glove, our "other half." As Reuben noted, "You get comfortable being married for 30 years." His sense of devastation, the desperate loneliness and emptiness he felt in bereavement, reflected the loss of this kind of unity.

> Here I was in this big house, my wife's pride and joy. She had been with it since the day the basement was dug, she superintended the job. The house was too much...there were a lot of memories, and the emptiness and loneliness were just overwhelming.

Together, he and his wife had built a home from which they had worked and raised a large family. They had faced many hardships, such as previous deaths and health problems. They had watched the growth of their children with joy, and eagerly anticipated the arrival of grandchildren.

The immensity of such a loss cannot be readily grasped. This unfathomable quality was shown in Reuben's shock, numbness and disbelief.

> I was just totally, totally numb. How I managed to function, I don't really know. Everything seems so unreal, everything happened too quickly, so unexpectedly...I suddenly was so helpless.

The day of the funeral was completely unbelievable. Reuben couldn't accept the course of events. A friend later observed that he had been shaking his head all through the ceremony. "It was almost like a bad dream."

Reuben's reality for 30 years had been a shared lifestyle, togetherness, continuity, stability, a sense of safety in belonging. Now, life was like a continuing nightmare. "Months later, I would come home and it still seemed like a bad dream." Just as their relationship had been lived in the space and time of the social world, so too was his grieving lived through this context. Having to fend for himself, Reuben found he was an "absolute washout" as a cook. When their youngest daughter was sick, she discovered her father couldn't comfort and console her as her mother had. Reuben was no substitute for a mother. Even more difficult were those days when bonds are traditionally celebrated.

> It just got worse as the months went by. First there was her birthday, and that was a terribly difficult day, then Valentine's Day, then my birthday. Here I was sitting in this house, very lonely, very empty. I just couldn't come to grips with it.

Thrown into an enduring sense of helplessness in coping with everyday living, and reminded of his losses at every turn, Reuben lived in a lonely, empty world.

A marriage such as that shared by Reuben and his wife becomes a unity through which each person is connected with others. It is the basis of a social network, the centre of one's belonging. In spite of the graciousness of friends, Reuben was intensely aware of his single status. Since others in his work group were younger and hadn't experienced the same losses, he felt isolated there as well.

> I went on a trip which was a total disaster...nights in the hotel alone, watching other couples...there was somebody there. I just felt so empty and so alone.

This kind of bond is our safe haven, the home base to which we return in an emergency. This is the person we seek out at a time of crisis. But when this person dies, there is nobody there to turn to. "There was nobody I could really sit down and talk with...that person who was close enough was gone...there just wasn't anybody." Certainly, his children were available and supported him, but his grief differed from theirs.

> My kids suffered in their own way. My grief was different...they had lost their mother and I had lost my wife, my friend, my partner, and here I was sort of adrift.

Our spouse is the person we want notified in the event some harm befalls us. Presumably, our spouse knows us well, understands our history and our preferences. We entrust our spouse with the responsibility of care. An implicit covenant of the spousal bond includes this "looking out for one another," the provision of mutual protection and care. Reuben's losses were complicated by torturing questions of how adequately he had maintained this responsibility. Had he broken the essential integrity of their bond? What kind of man was he, if he had done so? His sense of failure was reflected in guilt over her medical care.

> How could I have been such an idiot to let this guy treat her? Maybe if I had had another doctor treat her...here I was a competent professional man, used to asking questions and getting answers, but I just wasn't assertive enough to get this out of him. That just preyed on my mind all summer.

But Reuben's experience wasn't just one of questioned competence. At another level it was an experience of utter helplessness in the face of inevitable death. He was haunted by a recurring image which seemed to capture his experience. He had been at her

bedside for the final hour of her life, unable to communicate with his wife, unable to make any difference, only able to wait while time ran out.

> Standing there and realizing how helpless and hopeless the situation was, that had a bigger impact on me than if they had phoned from the hospital and told me she had died....That memory sticks in my mind, a vivid picture of her with the oxygen mask.

The image was burned into his memory, returning to haunt him at unbidden moments with a sense of painful impotence. It was one aspect of a continuing sense of despair. Reuben not only questioned his competence, but also doubted his faith and doubted the justice of life. He struggled to retain any sense of purpose. His years of hard work had seemed for nought. Even now, throwing himself into hard work failed to provide a way out of his continuing despair and depression. Reuben had thoughts and feelings "stuck inside," things he couldn't express in words or tears. It was only the birth of a granddaughter which seemed to provide a ray of hope. This new life was bittersweet since his wife could not partake of the joy, but at least his wife lived on in some significant way.

Gradually, Reuben learned to live alone. As a man, he initially thought he could "tough it out" through grieving. He cut himself off from his feelings and from others, forging ahead with his work. Eventually, however, he learned he had to express his feelings, had to reach out to others. He even came to see that he would benefit from companionship again when he was ready.

> But I don't want to expose myself. I feel a certain vulnerability now. What if that person dies before I do? It wouldn't be the same as losing my wife of many years, but it's a risk I'm not prepared to take yet.

Realizing the immensity of this risk of reaching out again, of perhaps facing the same loneliness, emptiness and despair, perhaps we more readily understand the choices some elderly persons make after losing their partner of many years. Too readily we urge them into life again. We are troubled by their retreat to the safety of the past. But perhaps the past is a reality that lives on for them, a world they wish to honour through loyalty and remembrance. Perhaps we need to honour it with them rather than urging new interests and involvements, trusting their readiness and inclinations to live forward in time, when they are ready.

A Mother's Anguish: I Failed To Protect

Whereas the child's worst nightmare is probably that of abandonment, the parent's most dreaded terror is that of losing a child. Turning to Louise's story, we are invited to consider the parent-child bond, especially that between a mother and daughter, and how this bond shapes the particular anguish of losing a child.

The parent-child bond is one that begins before birth, when the child is of the mother's body, intimately flesh and blood. From conception onward, the bond grows into a deep emotional attachment, built around the covenants of nurturance, protection and belonging. Writing about living with children, Smith (1984, p.289) related that while parents give a child life, in turn, a child "gives them life. In his presence they are as children, wide-eyed and curious. They 'cannot imagine life without him.'" As a child lives, so do the parents; as a child dies, so in a very real and profound sense, the parents die as well.

The bond with a child is thus one of intensive depth even beyond the biological entwining. The parent has a life-long history of interaction, sharing and observing the wonder of growth and discovery. Sitting up, crawling, first steps, walking, talking, schooling, all are indelibly etched into the memory of a parent. The bond with an adult child, built upon these earlier memories, may become the fruition of parenthood. The years of care and joy and toil may mature into an adult sharing and companionship. For Louise, this adult sharing meant such everyday activities as shopping and regular visiting. "She came home every week to do her laundry, brought her dog with her, to talk and have tea, to catch up on recent happenings." The maturity of such a relationship rightfully ends only with the reciprocation of care in old age and at death. We trust that our children will not allow us to die lonely and alone.

Beyond the rediscovery of fascination and wonder in early years and the satisfaction of companionship and care in later years, the bond with a child is one of intrinsic hope (Van Manen, 1983). It is hope for the future, hope that the child will shine and succeed, hope that the child will enjoy all that the parent has savoured in life, and more. It is hope for grandchildren, a happy marriage, a home, health and longevity. In due course, it is hope that the torch can be passed on to the following generation. Unfolding across the natural life cycle, parenthood allows for the fulfilment of one's generativity. We leave our children as a legacy, one way of living on in the face of inevitable death. A child is one of the human answers to the problem of mortality (Lifton, 1979).

Given this context, the loss of a child then reflects a particular devastation. In place of the future Louise had anticipated and worked toward, was an empty space, a vacuous, gaping hole, ever present, looming.

> I lost...(tearfully) somebody I held so dear...I always counted on her...being around for many years, as part of the future. I'd always hoped she eventually would find the right person and there'd be grandchildren to look forward to.

The emptiness and turmoil were so immense that even their long history of shared experiences and wonderful memories seemed blotted out. As Louise said:

> My outlook is bleak. Life is death...we all end it there. There's so much emptiness now (pained voice). I'm full of sorrow. I feel I've lost a big chunk out of my life. It's empty, and there's nothing that can replace it. It's just gone.

The grieving for a child may be unlike grieving for the loss of any other. For Louise, it was clearly not the same as the grieving she had felt for her father.

> It's not the same...as a parent, losing my daughter, I'm the one that is the protector. She had somehow become vulnerable and I failed to protect her.

Her comment points the way to what is perhaps at the heart of parental grieving. She was not her father's protector. While she may have held some responsibility for him at the time of his death, she was not so ultimately responsible. A father stands independent, able to care for himself. His life was born of another, and the responsibility was borne by others. But the child, beginning as flesh and blood, depends on the parent for protection. The shape of this dependence, and of the protection required, may change through the years, but the felt responsibility does not cease. As the protector, the parent shields from injury or destruction. The parent is a guardian, guarding over. To a parent, this sense of responsibility is often so deeply embedded that guilt is felt even where no reasonable guilt could ever be assigned.

Guilt and uncertainty are inevitable aspects of parenting. Faced with the myriad of choices while raising a child, a parent always wonders which course of action is best, most correct, healthiest. The room for error is legion, and some guilt for unavoidable error seems inevitable. Whether we like to admit it or not, parenthood is a radical questioning of our imagined control and invulnerability. Although our child is of flesh and blood, he or she is also separate. To have a child is "to relinquish one's power of choice, or at least to have one's understanding of it radically transformed" (Smith, 1984, p.290). The limits of our knowledge, control and power are challenged in an ultimate manner, and if our child dies before us we are left with the legacy of this realization.

Thus the loss of a child takes one to the heart of what it means to be a parent. As van Manen (cited in Schulz, 1987, p.176) notes, the word parent is "closely related to the verb 'to bear' as in the experience of pregnancy, childbirth, as well as in the experience of parenting as providing spaces that bear children." Spaces that bear children certainly support, nurture and encourage, but at a more basic level, such spaces offer protection.

Thus regardless of a parent's practical responsibility, the grieving for a child entails guilt and a fundamental questioning of one's adequacy. A mother is present to her children, tuned into them, aware of their aches and pains, protecting, always there to turn to.

> They talk about good bonding with your child. Maybe with my full-time work I missed something. I don't know (painfully). It was either that or her connection with this support group interfered with her proper thinking. This is eating me up alive.

Louise was plagued by the guilt that she had not been aware of her daughter's presumed difficulties and dependence upon unreliable friends. She was deeply confused about what had gone wrong, and felt a profound sense of failure as a mother. Anger overwhelmed her, anger directed both at herself and at the friend who had failed to act.

> I have had such terrible anger at this person, and anger at myself for being so stupid (critical, angry tone; tearfully)...I would never do it, but I feel like I'd like to...cut her head off...because she took the responsibility, but did nothing...all it would have taken would have been a 30 second phone call.

The anger consumed her, left her helpless and paralysed. "It's like any material things...the human race, the world, the object of your life, they've all disappeared, they're meaningless." She reviewed the "if onlys" in her mind, masochistically, but couldn't help it. Perhaps moreso than in any other grieving, the grieving for a child shows a punishing quality.

> It's like I'm being punished now. I don't have her anymore, I feel this big empty space (painfully)...my hopes and plans in the future are gone. These are all punishments, I can't talk to her anymore, I can't see her, I can't make plans...I don't feel that I can find peace anywhere.

In the torment of guilt and rage, the parent feels unentitled to life, unentitled to any sort of happiness or joy. The death is out of step with the natural order. "Why did she have to die, why couldn't it have been me?" I well remember an unbearably painful moment, watching my wife's 96 year old grandmother offer her dying daughter any of her organs, anything to keep her alive.

The feelings of guilt, shame and unworthiness may cut a parent off from seeking help or comfort from others.

> I haven't been able to turn to anyone for support. I know it's self-destructive but I can't help it...These thoughts have been rolling around in my head, things I

> would have liked to say to somebody...like I haven't said all these things, not even to my husband.

Louise felt she could talk to a psychologist she knew, but guilt that she should have done so with her daughter prevented her from reaching out. She remained withdrawn from life, which only seemed meaningless.

> I'm not involved in anything. I don't really plan anything, I just go from day to day. All my life I've been a hard worker. Well if I tried so hard, why did she die so hopelessly? A big joke on me?

The guilt and rage are most readily directed at our own perceived inadequacies, or those of others. But beyond the blame and any desire for vengeance, perhaps the rage is against our inevitable helplessness and vulnerability. If we can't protect our children, who can we protect?

> The worst time for me is in the mornings when I wake up and I know right away that there's some terrible thing that's happened...my blood runs cold, and I know there's absolutely nothing I can do about it.

To lose a child is to encounter the horror of this knowledge.

Losing a Parent: The Home of Existence

Writing about the mystery of our parents, van Manen notes that "we experience our parents as the solid ground, the home of our existence" (1990, p. 90). With the provision of structure and nurturance, the child comes to know the bond to his or her parents as the source of a secure, safe haven from which to venture forth in exploration of the world. Even as adults, we implicitly expect that our parents will always be there for us, providing comfort and security when all else fails. We are thus shocked when this safety is irretrievably torn from our grasp.

The loss of one parent is often the adult child's first direct encounter with death and bereavement. With the death of the second and last parent, the adult child becomes a member of the senior generation and is truly left to stand alone. It is no longer possible to return home, for advice, material support, adult companionship or comfort. The adult child is challenged with independence, with the necessity of using just his or her personal resources to get on in the world.

Ollie's loss entailed such circumstances. Her experience shows us some of the special meanings which may become attached to the relationship with an aging parent. Ollie had made the return home to her mother and father a central feature of her continuing adult life. She had been devoted to keeping her mother active and well, and relied in turn on her mother for a comfortable level of companionship. Ollie's devotion and reliance was subsequently reflected in her grieving.

> Life seems real empty without her...after my divorce and when my folk's health worsened, they became my life. I guess I'm attached to her. You come home, she's sitting here, then every weekend I had to take her shopping, because I got her out of the house. It took a long time before I could walk in here and (tearfully) not see her.

Perhaps if Ollie's life had been built more centrally around her career, or around a husband and family, her mother's death would have had a less profound impact. But Ollie was not sustained by the meaningfulness of such bonds and activities. She had no family of her own. She felt estranged from her brother and worked primarily to meet the practical demands of supporting herself. She struggled to go on against an overwhelming fatigue, a fatigue which suggested her life too had ended.

> Sometimes I get so tired, I just feel like...maybe I should go to sleep. Because my plot is also in the town with mom and dad...I get very tired, very depressed. And then I can just see the cemetery in her town. It doesn't seem to scare me.

But home was no longer with her mother and father. Well over a year later, Ollie visited their gravesite. She arranged upkeep of the gravestone, and also purchased her own. She even went to the local chapel to make funeral arrangements for herself. Returning to the home which was now hers alone, to the empty house she had shared with her mother, Ollie wrote about her trip to the gravesite and original home town: "It was like I was going home, but there was no one there."

The bond of adult child to aging parent often involves something beyond the assumed sense of home that the parent provides. With frail health and increasing dependence, the aging parent may in turn become more reliant on the child. The adult child becomes a safe haven for an increasingly dependent parent. Responsibilities are reversed. And like Ollie, the adult child often has the benefit of experience and maturity to realize the effort a parent has put into making life worthwhile. A special sense of gratitude may be felt, along with feelings of responsibility for the parent's well-being.

These notions of gratitude and responsibility were shown through the intense anger, guilt and sense of horror which haunted Ollie's bereavement. She felt her mother was deserving of more time to enjoy an easy comfort in life. And if her mother had to die, she was at least deserving of a painless and dignified death. Having lived a good life, she ought to have died a good death. Instead, her mother endured terrible pain while waiting for surgery. Her body integrity was violated as she became bloated with

water from unsuccessful attempts to flush out infection. On life support in the trauma unit, she was largely unable to communicate.

> That was the worst part. She was...(pained voice, tearful) never able to talk to us. She tried to tell me things, but I couldn't hear her. I feel I failed her, I couldn't help.

Waking up at 1 or 2 o'clock in the morning for months after, the indignities and pain that her mother had suffered were foremost on Ollie's mind. She was left with a legacy, not only of emptiness, but also of helplessness and failure.

Ironically, although Ollie felt deprived of the home of her existence, as she struggled with despair she did begin to come home to herself through her mother.

> I stop and think, well mother would go on. I say, okay, this is mom's house, you're going to look after it. So I sort of turn myself around. Then I think, well, there's still lots to do, lots of other things. After you retire, you can go places.

Ollie's memory of her mother began to provide the resolve and inspiration for her to go on. The lost connection was gradually transforming into one that would both honour the memory and sustain the survivor.

The Bonds of Grieving

In grieving, the implicit meaning specific to each bond of one person with another is reflected. As a bond was lived, so now the bond is grieved at death. Connolly (1987, p. 159) writes: "Missing and absence presuppose a previous relation. The intensity of that relation pronounces itself and relives itself in the living with the missing, and the enduring absent presence." The nightmare-like reality, the loneliness and emptiness, the despair and the guilt and the rage, all reflect the loss of a previous relation. Cast into "gloomy isolation," the surviving person may discover meaningful forces that both

sustain and restrain further life. The fullness and the shortcomings of the bond are grieved as the survivor realizes the inherent privileges and responsibilities the relationship contained. And as the losses connected with the bond are grieved, so too the meaning of the bond may be transformed and integrated into ongoing life. In a major sense, bereavement becomes a questioning of the lived integrity of a relationship, a call to honour the meaning of the other in our life through reflection, recollection and action.

CHAPTER 7

LIVING IN LIMBO

> Give sorrow words; the grief that does not speak whispers the o'er-frought heart and bids it break.
>
> (Shakespeare, 1623/1917, p.121)

> We all fear madness, but it is present in the hidden heart of all grief.
>
> (Jones, 1988, p.57)

> The old, unhealed grief does not dissipate, but lingers, burning its way into my adult experience and relationships.
>
> (Klainer, cited in Walsh & McGoldrick, 1991, p.50)

Introduction

Bereavement as a psychological no man's land, a struggle for mere survival, was described vividly by Charlie and Louise. They found themselves feeling utterly disempowered, fractured and divided against themselves. Charlie stated:

> But there's a lot of people that can't discuss that sort of thing [feelings] and it seems to me I'm probably one of them...that self destructs inside themselves....You ask, where's the breaking point? It was so heavy, I thought, what point is it that you can't take any more, and you go into another state of mind, another kind of self-protection that you can't ever reverse to get back to normal again?

Charlie lived in a world of limbo. He struggled to maintain his being by hardening himself against certain situations and feelings. He was taken frighteningly close to what he perceived as a breaking point, and was vaguely aware that in some way he was disintegrating inside. Charlie's effort to maintain his being centred around keeping himself at a distance from feeling too much. He talked in the third person about

himself. He disavowed the anger his wife saw in him. His feelings only broke through unexpectedly, when he hadn't prepared himself sufficiently to keep them in check.

Although similar in her sense of limbo and paralysis, Louise was consumed by obvious and intense emotional turmoil. Having felt like a "zombie" for a long time, feelings were now eating her alive. She felt consumed by anger and guilt. As noted earlier, the anger blotted out everything else, so that her life appeared meaningless.

In this chapter, bereavement as a painful and confusing world of limbo will be explored. Focusing on the story of Charlie, and to a lesser extent, that of Louise, how it is that a person may be caught in a world of seemingly interminable grieving, with no obvious way out, will be examined.

The World of Limbo

The word limbo derives from the Latin, meaning border (Webster's, 1965). The formal definition refers to an abode of souls barred from heaven through no fault of their own. The world of limbo is neither in nor out, one nor the other. It is a transitional place, in-between, a place of restraint and confinement where the everyday rhythm and activity of life is suspended.

In bereavement, the world of limbo is defined by a lack of peace and meaningful direction. Emotional turmoil, struggle and confusion predominate. While others have returned to the everyday world of clock time and activity following the funeral, these bereaved dwell on indefinitely in a colourless, empty world. Everyday perspective and goals are lacking. The person has a strong sense of inertia and of "muddling through." As Louise said:

> It's a multitude of things that is scrambling my brain. I always felt such control of my life. It all started fracturing and breaking down...like I'm being punished now. I feel this big empty space (painfully)...my hopes and plans in the future are gone. I can't talk to her anymore, I can't see her, I can't make plans...I don't feel that I can find peace anywhere.

Similarly, Charlie related:

> You get up, you read the paper, you get tired, you go back to sleep. No real reason to get up. Your drive is gone. Your interests are changed. You know (struggling for words) you just prefer not to do anything.

Charlie found that going to work was preferable to spending time alone, when he could think too much. Work was a way of carrying on, a familiar activity that provided respite from the pain of grieving. As it was for Reuben and possibly is for many men, work became a sustaining pastime, a male solution to the prospect of enduring emotional pain. The danger, as Reuben realized in retrospect, is that of pouring oneself into work as a means of avoiding and postponing necessary grieving.

Although dwelling in the world of grief was extremely uncomfortable for Charlie, he felt his functioning in the everyday world was also impaired. A warm glow told him he was a little off, nervous, not as strong as he used to be. His mind didn't work right, so he was unable to think, speak or write clearly.

As well, Charlie sensed that he didn't belong as he used to. For a long time, he felt like a marked man whenever he went out, even to the mall, as if he had a sign hanging over his head advertising the tragedy in his life. "Another woman who lost two kids said it's like your worst nightmare came true. You feel that you're different, something has happened to you that happens to very few people."

The world of limbo is a world apart. A person is marked, different, never to be the same again. Cast into the pain and confusion of bereavement, a person is privy to special knowledge known only by those who have endured this kind of tragic loss. The experience may be immensely isolating, and there are few rituals practised in our culture to assist in the transition. In some cultures, a person may dress in black for a year, enter a formal period of isolation, or be identified in some other public manner. A culturally sanctioned space is created for mourning, so that the experience of the bereaved is not only permitted but also affirmed. Strangers are provided with a means of recognizing the special status of the bereaved, and there is some way of bridging the gap in social interaction. In contrast, in our culture Charlie and Louise likely appear no different than anyone else on the street. However, the disjunction between outward appearance and inward preoccupation with the intensity of experience may be confusing all around. To the bereaved, others seem to expect them to have reverted to normal, to be getting on with their lives. To those outside grief, the corresponding confusion evolves around what to say or not to say and how to interact appropriately (Zunin & Zunin, 1991).

The difficulty of confronting pain also cuts a person off from the everyday world. Louise avoided her basement, piled high with her daughter's belongings. She knew they needed to be sorted and dealt with, but couldn't yet bring herself to do so. They remained a painful connection with her daughter, whose essence lingered there. Previously, Louise had thought of herself as "born to shop," but since her shopping had been enjoyed with her daughter, she was also cut off from this pleasurable pastime.

Charlie's sense of isolation was heightened by his tendency to keep thoughts and feelings to himself. "You keep all these problems in so therefore you go through the turmoil all by yourself." Louise, too, felt there were thoughts and feelings she could not share readily with those in her world. In the depths of bitterness and guilt, she was blocked from turning to others despite her need to do so.

But even if Charlie and Louise had communicated more readily, they may well have found that others didn't really understand. Even those who have suffered less traumatic losses find that they are best understood by those who have lived through similar losses. But where a loss is traumatic or in some other way socially unacceptable, how is a bereaved person to give words to the sorrow and the horror? Firsthand accounts of murder and negligence do not make for dinner table conversation. How does someone like Ollie describe her mother's agony and disfigurement to her friends at work? How does Louise talk about her feelings of rage, of wanting to cut off the head of the person responsible for neglecting her daughter in a time of dire need? To whom does one turn in these circumstances, to pour out the anguish, the guilt, the shame, the rage and disgust? In situations such as these, is the pathology of grieving a deficiency of the person or a deficiency of the culture?

Just as there is little release, so there is little respite. "It's constantly on your mind, nothing to shake it...you kind of blend it in with whatever else you are thinking about." A person may bury oneself in work and other activities, but the weight of grief is never far removed. There is a sense of timelessness about living in limbo. Grieving seems endless, and no exit is in sight. As Charlie related:

> It's been two years but it's hard to even think of it in time (emotionally). Thinking about them [a lost child], do you think about them with fondness or do you think about them with pain (voice breaking)? If you think that you've (tearfully)...done enough crying and enough grief and enough sorrow that you're over it, then its back (choking words)...

Living with the in-between of limbo, time is confused, not past, not present, not future. Reminders and thoughts of the past are painful yet often comforting. But can one dwell just in the past? Aside from the impossibility of dwelling continuously in pain, the demands of everyday existence continue to arise. We are numb to the present, but must carry on with the essentials of eating and sleeping. Others insist that we converse, despite our inclination to retreat to the hermitage of home. The future seems bleak and empty, devoid of meaning and purpose. The loss may encompass the future. Charlie recalled: "You think what they would have become (tearfully). What they'd look like, or what they'd be in their life...that's one of the hardest things, thinking that way." And as Louise said, "there's nothing that can replace it." Overall, time runs together. Looking back on such a period of life, all the details, all the trials and tribulations so painful in the moment, become difficult to distinguish or even remember at all.

Emotional intensity and turmoil fluctuate. Louise had felt like a zombie for almost two years. "I'm starting to get feelings back, that I'm a human being, but there's a big hole there." Charlie experienced an overall sense of numbness. "It's almost like you're in a dull, numb situation, where you have no feelings." At the same time, Charlie was intensely aware of the continual struggle within himself.

> You are fighting yourself all the time...fighting to maintain your sense of being, and then the other part is breaking down, the mourning part, not being able to put things in their proper perspective.

Charlie struggled between "being emotional and being factual." His effort was one of keeping emotions and vulnerability at a distance. He tried to harden himself, to steel himself to face certain situations without showing his vulnerability.

> You have to harden yourself, to certain situations like certain emotions, heh? You put walls up, they protect you....I'm going to ignore this person from now on, that's a wall. You just get control of your emotions and become hardened to that situation.

Charlie reasoned that it was not necessary to be blameful toward the man who killed his son, as punishment would come naturally.

> This kid is going to go through the rest of his life having to live with this. He's going to be punished the rest of his life (emphasis)... So there's no need for us to feel revenge, to get revenge back on him, it's going to happen all by itself.

But when reports emerged in court that the man would likely show no remorse, Charlie's feelings turned to bitterness. Rather than feel angry, which he felt was degrading and unhealthy to dwell upon, he tried to dissociate himself from the person.

> You can blame the person that did it, but very rarely does that ever enter my head....I don't think much of him...He's got nothing to do with my world, my family, he serves no purpose to even think about....you can't go on with your life when you're so bitter and anger...So obliterate them, just wipe them out of your system and don't even think about them.

In spite of his best effort, Charlie's anger and rage occasionally did show itself more directly. His wife perceived that he was often angry with their other children, over "everyday kid stuff." And on one recent occasion, he assaulted another man who had been swearing at one of his sons.

> I hit him so hard he ended up in the hospital for three days. Broke his jaw in a couple of places...I didn't want to hit him that hard, it just happened. The adrenalin starts to flow in me. But after this, being charged and everything else, I'm still talking to myself, saying this can't happen anymore, like this is not good.

As with Louise, some of Charlie's other feelings weren't so inaccessible. He was very aware of blaming himself, of punishing thoughts concerning how he might have been involved with his son, so "he wouldn't have been in that situation, in that kind of a life, exposed to that kind of person." Charlie admitted "you can't protect them all the time," but the self-punishing thoughts remained.

Charlie's relation to pain was one of holding it in abeyance. Although confused about it, he seemed to conceive of showing emotional vulnerability as a weakness. "The weakness is in my emotions. Not a weakness as far as having a problem, just being weak at being able to defend yourself...To be weak bothered me, but not to the point where I lost it." As a result, he lived in an in-between world, angry but trying not to be angry. The ownership of his feelings was in question, in a state of suspended animation. Although he didn't voice the thought, perhaps he feared allowing himself the flood of overwhelming emotions and despair that Louise continually struggled with.

Louise, by way of contrast, seemed to dwell interminably in emotion. She was overwhelmed, aware of the multitude of things scrambling her brain. In her despair and anguish, suicide had been an option she considered.

> This is too much pain, I can't stand it...(pained voice) but I'm in better control of that now. I had a fear of abusing chemicals...a lot of these things I think feel like cancers growing inside of me.

Suicide was not a choice she considered now, but the path through turmoil to peacefulness was also not in sight.

Both Charlie and Louise were caught in a world of paralysis and immobilization. In contrast to Nina, whose experience had been transformed into a sense of carrying the

torch for her sister, their experience might be likened to carrying the albatross (Miall, 1984). Like the Ancient Mariner, they wandered the earth in search of a peace which was not yet to be found. Paralysis means that a person is cut off from one's normal ability to feel and engage in action (Barnhart, 1988). Whereas Charlie felt too little, Louise felt too much. In their own ways, they both suffered guilt and self-punishment for events they could have done little to prevent. They both harboured consuming anger and rage. These powerful emotions appeared so potentially destructive that they seemed impossible to express safely and constructively.

Beneath the surface of dissociation and emotional commotion, limbo for Charlie and Louise was a world without clear meanings and purpose. It was a quagmire of inertia, grey and listless, confusing and conflicted, a living death. Limbo is a transitional world (Cochran & Claspell, 1987), in-between an old world of coherent meaning and a new world of yet to be created, yet to be discovered meaning. But rather than leading to new meaning and integration, the in-between of limbo continues. The world of limbo is a closed circle of pain and confusion, with no obvious path out (Feuchtwanger, 1985).

The Path Out

The world of limbo begs the question: How does one become free of numbness and inertia, of conflict and despair, of simmering rage and punishing guilt? How does a person regain a sense of empowerment, emerging from paralysis to feel and act again? Where is the path out of limbo?

Certainly, time alone does not heal. Although often prescribed as the necessary balm, the time of limbo may be interminable and indistinct. Time may make the pain

more bearable, but the crippling effects of limbo may only be masked. Daniel had continued in this state for over 7 years before he found the beginnings of a path. In time, one can gloss over or shelve the memories and learn to avoid the pain. One can retreat to quiet resignation. Gradual or even effortful re-involvement in the demands and flow of life may put the experience behind, but the vulnerability lingers, waiting to be triggered at some later date, or as Klainer so aptly notes, burning its way into adult experience.

Temporary respite is often obtained by being strong. For a long time, Nina was strong for her family, but eventually she realized she couldn't take responsibility for pain which rightfully belonged to others. Being strong for others, while protecting one's self from vulnerability through providing a sense of strength, power and control, leaves no space for healing through one's own grief. The effort to keep oneself busy functions in a similar vein. Providing distraction and meaningful activity, keeping busy may give very necessary respite from the weight and pain of grief. In some instances, however, keeping busy may be a deception, an unintentional ruse which keeps a person outside of grieving, confused and divided against one's self.

Expressing the thoughts and feelings associated with the loss did not seem to provide much relief for Louise. She knew she needed to help herself, to get her mind straightened around, but how?

> I've got to get my mind straightened out and help myself on this. But how I can live, how can I help myself? I'm not involved in anything. I don't really plan anything, I just go from day to day. All my life I've been a hard worker. Well if I tried so hard, why did she die so hopelessly? A big joke on me? I'm crazy...all mixed up aren't I?

Hard work was now pointless. And some of Louise's thoughts and feelings kept her entrapped in pain and suffering. "I don't deserve to be happy, it should have been me that died." Guilt, anger and self-blaming are powerful means of inadvertently sustaining despair.

How could Charlie express his feelings when he struggled to remove himself from them at every opportunity? When he wasn't actively dissociating himself, a kind of natural numbness pervaded his life and lessened the accessibility of emotion.

> But if you never become emotional, then you don't get any better. If you are always factual, cold to the situation then the problem never goes away, that release of emotional thoughts, it's therapy.

Charlie was aware of his quandary, but his beliefs about himself, his patterned way of maintaining his manhood and his sense of control and competence, prevented movement.

Caught in limbo, one feels little desire for social contact of any sort, much less active emotional venting and support. Burdened with self-hatred, distrust, unworthiness or a sense of unentitlement, a person goes through suffering alone, disintegrating inside. "Who's going to really listen and understand how I feel, when the feelings are so threatening?" "I don't want to burden anyone, and when I need to go over them time and time again, who wants to listen?" "I get sick of going over it too, and what good does it do?" Even if a person wants to share, it isn't routinely acceptable to talk about such destructive inclinations and horrible images of death.

Sometimes a refuge may be found in faith, spirituality or religion, but these potential resources may be questioned as well. Reuben lost all faith, and could not return to church. Another woman, whose son had died suddenly and unexpectedly in the prime

of life, asserted "I'm far too angry to talk with God. Where was he when he was needed?" (Anonymous, personal communication, 1993).

Both Charlie and Louise provided some indication of the resources and strengths which the journey out of limbo may require. One of these is hope, however slight.

> He has a son, did you know that? His girlfriend was pregnant at the time. We see him just about every week-end....I'm proud of the grandson, to me it's a blessing in disguise (emotionally). We're fortunate to have a part of him around.

Charlie's grandson provided a direct and life-giving connection to his lost son. It gave him reason to care amidst the despair, in a way that not even his other children could. The living bond with a new life may become a way of transforming the connection, of attaining new meaning and purpose.

Earlier commitments in life, such as Louise's other adult child, are another basic source of hope. Some engagement, a reason however small, keeps a person moving in the direction of life. Even the maintenance of simple routines in everyday living, dressing, eating and exercising, is a commitment providing intrinsically hopeful and life-sustaining movement.

The perception of movement, of pain softening or of feelings returning, is another source of hope amidst such turmoil and confusion. If time does assist healing, perhaps it is through these gentle changes. When all meaningful perspective has been lost, these changes provide markers outlining the beginning of a path through grieving. During several conversations with participants, I was asked for hopeful feedback along these lines. For example, Nina wondered:

> Am I a normal griever? I don't know how you are supposed to grieve. I read some books, through all these steps, and I didn't feel like I was going through them. I just had to go through everything in a mixed up, muddled way.

Understanding some of the markers along the paths of grieving, and along the paths out of limbo, not only gives hope but also encourages a person to exercise patience. While time may not heal on it's own accord, healing does take time. Understanding this requirement enables one to withstand external pressures, perhaps well-intended but most often premature, to get on with life. Patience with one's self is facilitated, patience with the need to cry and cry again, to go over and over the same course of events long past and still to shed more tears.

Another related and essential resource is that of compassion, an ability to sympathize with one's own suffering (Rubin, 1975). Compassion stands in contrast to criticism and punishment, to impatient, unrealistic expectations, to kicking one's self for being down, helpless and vulnerable. Compassion allows for humility, for the gentle acceptance of one's human frailty and of one's darker inclinations and urges. It is a loving presence that opens the way to unconditional acceptance of threatening thoughts and feelings, so that eventually, like Daniel, one's pain can be entertained more freely. Charlie showed a glimmer of self-compassion when he noted, in the face of persistent guilt, that his sanity was saved by knowing there had been little he could have done to prevent the murder anyway. Compassion opens the way to transforming the meanings of connectedness, to the lost person, to others in the social world, and to one's self.

The route into limbo may not be so much an "errant path" as simply one of the possible tragedies of life. Each of us is vulnerable to traumatic situations, to

unpredictable horrors that necessitate numbness or dissociation cutting us off from our experience or from others. We can each be left with enduring images of death that flash back unexpectedly, or guilt which is both paralysing and punishing. We are all prone to injustices against which rage seems the only possible affirmative action.

For the journey out of limbo, there is probably no single exit and no single turning point. Rather, the path may take many turns and draw on many resources as the challenges of bereavement are faced. The demands of grieving upon our personhood are humbling. Grieving requires that we recognize and find a voice for pain. It calls for the courage to surrender to vulnerability and loss of control, to difficult and threatening feelings. We are called to befriend seemingly hostile, destructive inclinations, to own unacceptable urges which are foreign to our sense of self. It requires the facing of troublesome facts and realities. We are challenged to stand alone, yet re-connect in deeply human ways with both self and others. Grief stuns and paralyses, disempowers, yet the healing calls for active self-expression and self-care. Ultimately, the effort to give grief words, to surrender to the feelings, images and thoughts that well up in the grief-stricken heart, is no less than a struggle to become more fully one's self. The struggle may be thought of as a growing edge, a tension between self-creative possibility, authenticity, on the one hand, and self-paralysis, disintegration, despair and self-deception, on the other. It is a struggle ripe with creative opportunity yet fraught with danger. Bereavement takes us to the edge of existence, to the border between the human choices of death, fear and despair, in one direction, and life, courage and meaning, in the other.

CHAPTER 8

DEATH LOOMS OVER: FACING MORTALITY

> Let sanguine healthy-mindedness do its best with its strange power of living in the moment and ignoring and forgetting, still the evil background is really there to be thought of, and the skull will grin in at the banquet.
>
> (James, 1902/1958, p.121)

> Nobody can walk into death and walk back out the same person.
>
> (Rosenthal, 1973, p.28)

> With death's counsel, the constant awareness of the limit of our time to live and love, we can always be guided to make the best use of our time and live life to the fullest....When we shy away from death, the ever-changing nature of things, we inevitably shy away from life.
>
> (Peck, 1978, p.134)

Introduction

Bereavement is necessarily a confrontation with death. Death is present, either as a foreseen possibility or an actual reality. Death is responsible for the loss of connection we experience and lays behind reliving the significance of the bond. In some instances, such as those related by Daniel, death may be welcomed for the peacefulness and cessation of suffering it brings to a loved one. In Nina's life, however, the confrontation with death was unexpected, unwelcome, and terrifying. Nina was thrown into a world of strange and overwhelming experience, into a reality so profoundly threatening that expression was often beyond words.

> Her death was sudden and unexpected. It was the unthinkable...violent and traumatic. She was horribly disfigured, so that she looked only a little bit like herself. I felt indignant for her. It was awful to see her like that, so damaged and all connected up with machines.

In this chapter, bereavement is explored as the experience of facing human mortality. Nina's story serves as the primary source, but the experiences of all participants provide background.

Death from a Distance

The horror and trauma Nina experienced in witnessing her sister's death stand in stark contrast to our usual attitude toward mortality. Looking back on her experience, Nina could say, "I've lost a bit of my innocence. If something like this can happen, so unthinkable, I'm really vulnerable...anything could happen. I can't take anything for granted. I can only live day by day."

Nina's insight points to the innocence and taken-for-grantedness which frequently obtain prior to the intrusion of death. The word innocent comes from the Latin, **innocens**, suggesting freedom from harm, injury or corruption (Webster's, 1965). The life of the innocent person has been untouched by direct evil or violence. Thus Nina had thought that events always somehow worked out for the better, that life was always basically good, and that problems could always be handled.

Even those of us less innocent than Nina, life often has a taken-for-granted quality as we are caught up in the everyday flow and continuity of life. Ernest Becker writes:

> Man...learns to embed himself in other-power, both of concrete persons and of things and cultural commands; the result is that he comes to exist in the imagined infallibility of the world around him. He doesn't have to have fears....All he has to do is to plunge ahead in the compulsive style of drivenness in the "ways of the world"... the "strange power of living in the moment and ignoring and forgetting"- as James puts it. (1973, p. 23)

Embedded in the flow of life, in positions of relative innocence and taken-for-grantedness, death can be kept at a distance. It is an unfortunate event which happens

to others. When death strikes someone unrelated, a passing sense of loss or upset may be felt for their misfortune. A sense of relief, thankfulness that no one known personally was involved, may also be felt. The person distant from death can bask in good fortune, remaining essentially untouched by the death of another. As long as freedom from harm seems guaranteed and no intrusion alters this silent expectation, an attitude of invulnerability can be maintained.

Death at a distance can be ignored and trivialized. The event can be given an antiseptic treatment. Even when more directly invited to consider the relation of death to our own life, as in this epitaph (Bertman, 1979), we can smile and remain aloof:

> Remember Man, As You Pass By
> As You are now So Once was I
> As I am now So must You be
> Prepare for Death & follow me. (p. 149)

In the course of everyday life, we are seldom inclined to consider seriously the possibility of life ending. We may show momentary concern when headline news stories highlight events which threaten or tragically destroy human life, but like Nina, most of us live so as to ignore the reality of death while taking life for granted. We can watch dozens of people die each week on prime time television, with little notice. The characters are cartoon people, and their deaths are quick, clean and easy. Death is an antiseptic event, simplified and trivialized. Viewers are not forced to ponder their own inevitable future.

It is curious, however, that while we keep our distance from death, we are also never too far removed. Our awareness shows itself subtly, perhaps through the way we follow the life-saving developments of modern medicine or through the manner in which

we monitor roughage or cholesterol in our diet. Typically, we are not inclined to examine the deeper wellspring of these concerns, at least not until death enters our life directly.

Western culture has removed dying and death from the home and family to institutions with professional staff. We entrust care of the dying to highly trained nurses, physicians and other health care personnel. We delegate the management of death to hospitals, nursing homes, palliative care units, and funeral homes. Out of sight, death can be kept out of mind. As Walmsley (cited in Walsh & McGoldrick, 1991, p. 50) notes, the "single most important thing to know about [North] Americans...is that...[they] think that death is optional." When we do think of death, we tend to idealize. Like Ollie, we expect that medical care will prevent death, or at the least, minimize suffering. Death with dignity is not just a possibility but a right. If you take a moment, how often have you thought upon your own death? Do you imagine laying unconscious for several days in Intensive Care, your body broken and mangled, or the suffering of a prolonged and difficult illness? Or do you entertain a painless death, perhaps in your sleep, at some distance in the future, hopefully after your three score and ten years? We all deserve a peaceful, timely death, don't we?

The typical funeral reflects another effort to soften the blow of death. We experience quiet music in serene surroundings, a subdued atmosphere to reflect the gravity of the situation. As immediate family we may be screened from the general public, relegated to a separate room, out of view, to suffer our pain in privacy. If the body has been damaged, family members readily agree to the funeral director's

suggestion of a closed casket. Hyland (1990) found that the primary concern of most undertaker's in preparing the body was to create a sense of peacefulness for survivors. While undeniably performing a very important function for the bereaved, the modern funeral also glosses over the reality of death.

Outside of Grieving

Just as we keep death at a distance, so too do we stand outside of grieving. Nina commented, "I don't talk very much about what happened to her because who wants to hear about death. People don't really want to hear much about it." To talk about a specific, personal experience of death is to share grief. After a loss, bereaved persons often find themselves consoled with some version of "time will heal all wounds." Intended as an expression of sympathetic reassurance and perhaps of hope, this condolence is more often experienced as a shallow cliche. The painful reality of living through grieving is belittled. Time, so easily offered as solace by the well-meaning outsider, is no simple prescription for healing the pain of loss.

The outsider's distance from our pain also leads to an impatience with the process required of our healing. Relatives tire of listening to my voice of woe. I should be over that already and getting on with my life. I dwell too much in sad and melancholy memory. Isn't my preoccupation morbid, as well as tiring and distasteful? Looking more closely, however, we see that to attend to and truly witness another's pain is to open oneself to being touched by that same pain. The necessity of sharing pain keeps the outsider at a distance.

Even Nina, having already endured the painful depths of her experience, was surprised at the effort it took to share with another. "I didn't think I would be so emotional...right now I am just broken you know, sort of tired." Dwelling in the pain of grieving is tiring and threatening. It requires a surrendering to forces seemingly beyond control, an embodied admission of ultimate vulnerability. Like Nina, we are often caught off guard by its forcefulness.

Confronting Death

It seems self-evident that bereavement entails a direct confrontation with death. However, we are inclined to think of bereavement, and to experience grieving, as an emotional process rather than a confrontation with death. Perhaps it is the power of the emotional turmoil into which survivors are cast that masks this dimension. As noted in Chapter 4, the intense anguish, panic, and shock experienced at the deathbed reflect the violence of the confrontation. The numbness and unreality may be experienced in a deeply embodied manner that endures for months or even years.

For Nina, the presence of death became more known about three months later, when she began feeling fearful of being left alone. Finding herself alone, Nina would break down in seemingly endless tears, feeling sick and raw inside. She related:

> I think a lot about death and dying. I'm a bit terrified of violent death now. Because it was so violent and she was so broken up and didn't even look like herself. I'm afraid I'll meet the same demise, a violent death. I feel like death is always looming over me.

Although preoccupied with the world of grieving in the early months, for many survivors the image of death as witnessed around the deathbed tends to return and persist.

Both the mode of death and a survivor's involvement in events around the time of death appear rather crucial to subsequent bereavement.

When gathered at the deathbed, the everyday world recedes in importance, and experiences of time, place and events may be intensely magnified. Although ordinary clock time goes on, the lived sense of time is dramatically altered. Times crawls or stops completely. Simultaneously, clock time goes inexorably on, and cannot be stopped or turned back despite desire to do so. As Daniel, Reuben and Ollie all so poignantly noted, time around the deathbed reflects the tension of having much to converse about but little or no opportunity to do so.

Time, space and meaning may be focused in a moment, so that the moment appears frozen in time. For Nina, this moment had to do with the violence of death and with the profound loss of connection she experienced. For months thereafter, she found herself enacting her self-described "ritual," recalling in painful detail events leading up to the death.

Reuben was left with an image of death that symbolized his utter helplessness as well as his questioned adequacy as a husband and partner.

> I still see in my mind the picture of my wife with her oxygen mask on, struggling to stay alive. It's like it is burned into my head, a picture that is there constantly.

Reuben could block out the memory temporarily, but his mind seemed to return to the image on it's own accord. The image haunted him, and could not be reconciled with his ideal of how things might have gone.

Similarly, Ollie would awaken for months in the early morning hours, picturing her mother's suffering and indignity. She held the image of a kind and gentle soul whose

body became bloated beyond recognition. Another image of her mother, without teeth and unable to speak but for tubes and equipment, also haunted Ollie. These memories represented the injustice of her mother's death, to which Ollie returned time and time again. They were a focal point for the anger and blame she felt so strongly toward medical caregivers. They were the lightning rod for for her guilt in questioning whether she had done enough, and for her helplessness in the face of the inevitable. As haunting images of death, they were overwhelming and dominated her experience in spite of Ollie's efforts to resolve them.

The Timing of Death

Nina commented, "I feel old before my time." Her sister's death was premature, out of step with the progression of life time and fulfillment expected in the course of the ordinary life cycle. "She had such a sad little life and died so young." Forced to confront the reality of death so early in her life, Nina found herself older than her 25 years.

But when is the right time to die? When is death less repulsive and horrifying, even without disfigurement? The trauma of confronting death is perhaps softened in the face of suffering and pain. When there is little hope for more life, when the so-called quality of life is threatened, then it is easier to see death as a harbinger of peace. Death may then be seen as a welcome relief, ending the suffering and pain for a loved one, ending the agony of those in a death vigil.

The sting of death may also be softened when life has been well and fully lived. Charlie commented on this perspective when he noted that at least the person who dies

in middle age has been offered the opportunity of 50 years or so. Ted Rosenthal (1973, p.45), a 31 year old man dying of leukemia, wrote, "I don't think people are afraid of death. What they are afraid of is the incompleteness of their life." When life has been rich and fulfilling, well and thoroughly lived, death may be seen as a reward, hard won, deserved and timely.

A Space for Death

Nina's sister died in the hospital, a place of technology, of tubes and monitors and other bodily intrusions. "It was awful to see her like that, so damaged and all connected up with machines." The hospital is a place of dependence on strangers and strange routines and procedures, a space lacking in privacy. As Nina recalled, "I just wanted to have some sort of intimacy. Even when she died, I was holding her hand, but there were nurses and doctors and our whole family." In our cultural context, the place of death seldom has the familiarity, security and comfort of home. Home is a place where known spaces and the rhythm of daily activity provide both privacy and an unquestioned sense of safety. At home, a person can be oneself, at ease, cocooned and protected from intrusion. In contrast, the hospital is foreign and other-worldly. It is a place of dis-ease. It is public, providing spaces in which a person's body and bodily functions are exposed to the interest of others. For the specific persons involved, death is an intensely personal experience. Were it not for our fear, we might more often choose to experience death in the comfort of home.

The hospital may also be a place of unintended violence. It is here where the doctor enters the room to inform the family, with clinical detachment, "that she probably

won't live," and then in the same breath asks for permission to harvest organs for use with other people. Describing this experience, Nina recalled, "it didn't give any time to grieve...I just went numb." In a similar vein, Louise was informed that her daughter's measure of brain activity "was flat...there was nothing there...and they wanted to discontinue everything." The request for her to make such a decision was other-worldly, outside the realm of the common person. Such decisions may be a matter of course for caregivers accustomed to the dilemmas of life, death and high technology, but to the sister or mother in a vulnerable state of shock and grief, they may be a horrifying and violent imposition.

The hospital is also a space associated with high expectations. Medical and technological expertise are to be delivered along with appropriate care and compassion. Expectations of care and compassion may clash with medical practices. For example, Ollie expected pain relief and surgical action for her mother while physicians probably avoided both medication and surgery until more information was available. If communication lines had been more developed, vital information might have been available. Expectations of nursing and physician expertise may be difficult to reconcile with human fallibility. Reuben expected to be informed and felt he had made this expectation clear. He also expected a degree of warmth and concern for his family and the emotional side of coping with cancer. Both expectations were unmet, with the perceived coldness and lack of communication leaving much bitterness.

The Horror of Death

To know horror is to stiffen against, to shudder in terror and repugnance in the face of threat (Simpson & Weiner, 1989). Confronted firsthand with death, we are prone to experience extreme fright and horror. The sense of sickness and dread so often embodied in the early time of bereavement is perhaps our primitive response to this unknown reality. Sickness exemplifies our horror. Yet coupled with this repugnance and fear is a fascination. Perhaps the haunting images of a deathbed scene, returning unbidden time after time, convey something of our repugnant fascination with death. We seek to master death, to defy death. In a sense, we must challenge death if we are not to live in perpetual dread and despair.

What is it that is so horrifying in death? For Nina, the horror of death was heightened by violence, disfigurement and untimeliness. She was traumatized by the experience, torn from innocence. The initial horror was in seeing her sister so broken and disfigured. This image stood in terrible contrast to her sister's concern for appearance, but in a more universal sense, was an intolerable breach of physical integrity. Nina's sense of horror was compounded with feelings of shame that she couldn't remember her sister.

> I couldn't remember anything. It was horrible. I thought that maybe I was the most unfeeling human being in existence. I couldn't remember what she even looked like, how she talked, any of her mannerisms...not even her childhood. I couldn't tell anybody that I couldn't remember my own sister.

Confronted with realities beyond prior experience, Nina's everyday perspective and confidence gave way to confusion and distress.

Horror includes the unspeakable and inexpressible in bereavement. It encompasses thoughts that seem impossible to voice, tensions that can not be resolved, meanings that not only fail to make sense but also call into question previous beliefs, actions and values. Horror may be at once both obvious and subtle, reflected in physical and emotional upheaval while also showing in silence and withdrawal from others. Stiffening against such threat, bereaved persons may turn away from others and from their own experience of overwhelming pain. The personal relationship with pain may become one of avoidance and persistent denial. Yet how can a moment of horror, etched deeply into memory through embodied experience, be avoided? The private world of horror, vivid, powerful but secret and inexpressible, may persist and complicate one's healing through grieving.

The horror may be that we too, die. The profound disconnection and loss that death introduces to life was explored in Chapter 4. Inasmuch as our life is entwined with another who dies, we also die. We lose the interaction which animates and furthers our own life story. We lose the context within which our dreams and aspirations were unfolding. Depending on the intensity of this trauma of loss, we die in ways lesser than absolute death. We may be numbed, paralysed with fear, immobilized. We are cut off from the world of the living, in grieving, set apart, out of the stream of everyday life. We may feel frozen in time, isolated, alone and lonely, haunted with painful yet private images of death. We may become resigned to the futility of pursuing irreconcileable questions, just as Nina did.

> There are parts of it put away inside me, like the last days of her life and the way my family dealt with her...I don't even touch those things. I don't have any

answers, I don't think there is any resolution, so I'm just resolved to let it be closed.

Although uncomfortable with her helplessness, Nina felt she had "sorted away" what her sister had meant to her. As for the remaining questions and tensions, she had resigned herself to "that being the way life is..."

In blunt terms, death shows us our human limits. We are confronted with our illusions of control, our tolerance for pain and helplessness, the strength and resilience of our community, the loyalties of our family and friends. Like Nina, we may discover family ties are destroyed or so weakened that we decide to pursue our own life with little reliance on others.

Perhaps it is our ultimate vulnerability and our fear of the unknown which are most horrifying. Death is so indifferent to life, so impossible to control or influence, in spite of our efforts to do so. We can be young and innocent, with the promises of life largely unfulfilled, we can be healthy and living life to the fullest, we can be gentle and kind and creative, yet we remain open to the possibility of disfigurement, indignity, and ultimately, death.

The time and mode of death is beyond our control. It is one of the great secrets experienced by all (Wright & Nagy, 1993). Death happens at any age. Death is impersonal, totally indifferent, detached from the interests of those who live. Death doesn't care. Faced with the horror of this indifference, we personify death as the Grip Reaper. Perhaps we seek comfort with thoughts of life in the everafter or other spiritual beliefs, perhaps we seek power or wealth, or strive to leave legacies of family or creative work, but in the end we face inevitable death.

The Challenge of Death

Ultimately, the challenge of death is that it robs life of meaning. Death intrudes upon and breaks the network of meaningful connections which sustains life. Death may cast us into despair, emptiness, fear and impotence, destroying our taken-for-grantedness and our innocence about life. In the aftermath of loss, and especially of traumatic loss, we may be haunted by vivid images of death or by paralysing numbness and dissociation.

Potential turning points in our grieving reflect the extent to which we acknowledge and confront death. Do we turn away, tough it out, ignore the feelings, banish the thoughts, or do we find the courage and strength to surrender fully to grieving? Is our grieving self-full, or self-denying and self-deceiving? Do we grieve so as to emerge from the shadow of death, perhaps as Nina did, carrying the torch in her sister's memory, or as Daniel did, naming his father for the parent he had been and in the process, finding himself? Or do we remain in conflict, burdened with the albatross of guilt, fearful of our rage, struggling for control, disempowered and divided against ourselves? Do we return to a new sense of meaning with renewed commitment to life, or do we remain in limbo and despair?

In the midst of grieving, turning points don't feel like crossroads between life and death. We don't experience a sense of choice. Such perspective is lacking when grief predominates. Turning points seem to catch survivors by surprise, as reported by Nina.

> It just set me into a rage, out of control, kicking and swearing and crying, totally not me....It just happened and I had no control....It was a strange experience, but afterward I felt so good, so relieved. I felt as if the knot in my stomach all that time for the six months was just released.

Honouring her own truth, confronting the difficult realities of her sister's death, Nina achieved a new sense of intensity in life. "Feeling so vulnerable, I don't take anything for granted like I used to." The reality of the connection she had lost so traumatically, together with all the related losses, was acknowledged and eventually transformed to become a renewed source of meaning, strength and inspiration.

While the confrontation with death may strengthen and inspire, we have also seen in the preceding chapter how a person may be severely traumatized, to the point of immobilization. Death may remain as a daily presence in life. As Louise stated: "Life now is death, we all end it there." Where the confrontation with death is severely traumatizing, the survivor is left with a sense of woundedness, an inability to find new meaning and personal empowerment. Life is then lived with a dark sense of ever-present death. Such survivors appear caught between life and death, in a world of limbo that is without time or strong meaning and which shows no obvious path out.

CHAPTER 9

TURNING HOMEWARD

> We shall not cease from exploration and the end of all our exploring will be to arrive where we started and know the place for the first time.
>
> (Eliot, 1952, p.145)

Introduction

In this chapter we turn back to the beginning, to reconsider the theoretical, research and clinical perspectives out of which the guiding question for the study initially grew. The text will also be discussed in the light of other human science research and literature related to human meaning and bereavement. Finally, I will briefly examine my experience of the hermeneutic phenomenological approach as a research process and conclude with a discussion of study limitations.

Theoretical and Research Implications

> Death does indeed bring about biological and psychic annihilation. But life includes symbolic perceptions of connections that precede and outlast that annihilation.
>
> (Lifton, 1979, p.18)

This research began at the point of tension between my clinical and personal understanding of grieving and the perceived shortcomings of published literature. As summarized in Chapter 1, existing theories and models tend to gloss over the lived complexities of bereavement experience. While trends in research and theory-building have increasingly recognized the significance of human meaning, attempts to see beyond the superficial symptomatology of grieving into the world of meaning have been hindered by the application of natural science methodologies. Thus in the present study a

hermeneutic phenomenological approach was justified as the means of exploring possibilities of meaning in human grief experience.

The symptomatic phenomena of grieving might be likened to the shimmering light reflecting from the surface of a powerful river. The ever-changing light only hints of the deeper currents swirling below. While colourful reflections are readily noted by observers, the unseen depths embody the more basic form and movement of the river itself. In a sense, grieving and bereavement embrace a deep river of human experience. This study comprised the effort to go beneath the surface, to interpret human meanings beyond the obvious symptomatology and patterning of grieving. Personal currents of meaning, those motive forces which move the bereaved to peace and healing or mire them in a closed circle of conflict and despair, have been interpreted in story and text.

The net result of stories and interpretation is not a list of definitive findings or even of insights. Just six personal stories of bereavement were examined in depth. No hypotheses were tested and no specific theoretical positions were challenged. Rather, an interpretation has been offered, an insightful basis from which existing perspectives may be discussed and enriched. The text points to possibilities in bereavement, to possibilities of personal transformation, of limbo and paralysis, and of meanings ranging from inspiration to despair. Turning homeward, let us consider again some of the key assumptions underlying existing perspectives as summarized in Chapter 1.

In a broad sense, the body of literature on bereavement emphasizes the universality of grief experience and process. In contrast, the storying of grieving shows how bereavement experiences may be most richly understood in the life context of the

person surviving. The lived meanings of grieving are specific to each person's life story. Universal dimensions of meaning, such as the significance of confronting human mortality, are undoubtedly tapped by each person, but even these universal themes are lived out in a very particular personal style. Thus, the meanings of bereavement are best understood with reference to the detailed ground of each person's life story, to the context of a specific experiential background, a specific bond and social setting, a specific style of self-awareness and feeling, and a specific death set at a particular point in life time.

Given that the specificity of grieving has been largely overlooked in earlier work, theoretical and research efforts which explore personal meaning in greater depth and with specific focus may well be valuable. For example, the growing trend to investigate loss experiences within the context of specific bonds or relationship environments, at certain points within the family life cycle, and via specific modes of death, would seem promising (e.g., Klass, 1988; Ness & Pfeffer, 1990; Horacek, 1991; Scharlach, 1991). If the person is conceptualized as a creator who ultimately lives by meaning, research methodologies which open the way to exploration of meaning will be increasingly utilized. As well, the assumption of universality implicitly attached to most theories will be clearly delineated, and supplemented with an explicit statement of specificity in personal meaning.

Even in the most straightforward of deaths, the reality of the loss is not singular. While a death may be the pivotal event closing one life story, for survivors it is but the beginning of a whole series of losses and broken connections. The reality of a loss is

emergent and multi-dimensional, situated in time, body, and physical and social space. As we have seen, this complex reality is no simple matter, either to grasp initially or to integrate into the meaning of ongoing life. The multiplicity of the unfolding reality tends to be revealed through time and experience, as the meaning of a life now encapsulated by birth and death is reviewed and appreciated. But the reality may also remain obscure, as a survivor founders on in what seems like an interminable state of limbo. The reality of loss is particular for each person, just as the reality of life was entwined so as to create specific shared meanings. As we have seen, that which is a loss of togetherness and belonging for one person, may be a loss of the future and of innocence for another, and of the possibility of identity and affirmation for yet another. The lingering emptiness experienced by a parent may be vastly different from that which haunts a bereaved spouse. Under some circumstances and at certain times in life, the realities of a loss may be more readily accepted, or the converse, deemed more abhorrent by way of injustice or untimeliness.

In summary, while I would agree with Worden (1982) that the reality of loss must be acknowledged for the loss to be grieved, the precise constitution of the reality of loss is an exceedingly complex process. It entails an evolution of meaning, and as such is open to continuing change for a survivor's lifetime, conceivably far beyond 12 to 24 months (e.g., McClowry, Davies, May, Kulenkamp, & Martinson, 1987). Extended periods of limbo in the effort to heal from loss may be more indicative of the psychosocial difficulties that integrating existential trauma and tragedy present, rather than of intrapsychic deficiency or pathology. In place of the psychophysical (i.e.,

cathexis) and pathology and healing metaphors that so permeate thought in the bereavement field, there may be a need for new metaphors such as amputation (Horacek, 1991), relearning the world (Attig, 1990), self-education (Carrere, 1989), and active choice (Attig, 1991).

To say that the bereaved must experience the emotional pain of grief seems simple enough, but masks the complexity entailed in such expression. Nothing is said of the personal courage and endurance called upon in order to face anguish and suffering, to surrender to feelings that tear at a person's insides and push one near the breaking point with threats of destruction and self-disintegration. Cathecting grief is no mere discharge of emotional energy. Emotional energy is not simply withdrawn and invested elsewhere. One does not merely "let go" by forgetting and moving on in life. More accurately, the emotional commotion of grieving is the surface representation of a deeper transformative process in meaning, a remembering and honouring that creates potential for a sense of peace and acceptance. To surrender is to give oneself over to possible disintegration, to die a psychological and social death, dying to one's self as self has been known. In the transformation of the lost connection, relational integrity may be redressed and restored, and a space may be opened for the resurrection of symbolic meaning. A renewed basis for personal strength and self-identity may be forged from the pain and struggle of this overall process.

In many respects, the text presented in Chapters 3 through 8 is consistent with both recent theoretical developments in the bereavement field and with other human science investigations, including those from existential, hermeneutic phenomenological,

social constructionist and symbolic interactional perspectives. Bowlby's work (1988), showing the influences of ethological, systems and object relations theory, highlights the primary status of social bonding in terms of survival function, social regulation and self-development. Klass (1987-1988) emphasizes the necessity of both social and self-identity reorganization in models of grieving. He criticizes Bowlby's work on the basis that identification is rejected as a healthy means of resolving bereavement, and searches the writings of Attig (see more recent work, Attig, 1990, 1991), Lopata (1975), and Marris (1986) for the means of conceptualizing the meaningful changes in self-identity which are so central to bereavement.

Turning to these sources, we see that Attig (1990) considers that personal life history entails a "perpetual weaving and reweaving of the threads of attachment to things, places, persons and projects in the surrounding world" (p. 61). Through grieving, one is reoriented to a new sense of direction and purpose in ongoing life. Grieving "must be understood as a struggle to reweave the fabric and restore a new integrity in the pattern of caring involvement in the world" (p. 61). Marris (1986), as noted in Chapter 1, combines attachment theory and human meaning-making to conceive of grieving as the movement toward a new structure of meaning. When the deceased person can not be found or recovered and the loss can no longer be denied, the bereaved are led to "repair the thread, tying past, present and future together again with rewoven strands of meaning" (p. 21). He relates this developmental process to Piagetian notions of assimilation and accommodation. All of the perspectives mentioned above are consistent

with Lifton's thinking, in that death brings personal annihilation which can only be transcended by symbolic means.

Various dimensions of grieving as a transformative challenge with potentially growthful possibilities have been clearly highlighted by several writers, including Cassem (1975), Cochran and Claspell (1987), Kessler (1987), Kubler-Ross and Warshaw (1982), Miles and Crandall (1986), Saunders (1981), Schneider (1984), and Smith (1975). More recently, Attig (1990, 1991) explored grieving as a relearning of one's relationship to the world, including the physical, social and self dimensions. Relearning entails both reflection, the gaining of new perspective, and action, specifically counteracting the fundamental helplessness of grief. Along similar lines, Carrere (1989) identified themes such as the profound sense of inadequacy in the face of an incongruous world and the displacement from a sense of personal significance, both of which arise in tragic situations which almost inevitably involve loss of some kind. He writes: "To be tragically displaced is to experience the painful vulnerability of homelessness" (p. 123). In tragedy the coherence of pre-tragic existence, the everyday home of the person, is shattered. Recovery from tragedy is a return to the social world, with a sense of belonging and a sense of personal significance. Both a re-educative process and self-expressive action that again risks exposure to vulnerability are posited as part of the return. Of particular interest in Carrere's text is his exploration of existential guilt and shame, feelings presumably maintained by the person as less painful and distressing alternatives than acknowledgement of ultimate isolation and powerlessness.

Other investigators have explored the essentially relational nature of both identity and emotional expression. Vacek (1989) elaborates the co-constitution and interdependence of self and other in loving relationships. Lopata (1975, see also Klass, 1987-1988) examines the difficulties of identity reconstruction for widows who have "no place to go" in terms of alternative identity development. Averill and Nunley (1988), Cochran and Claspell (1987), Rosenblatt (1988), and Lofland (1985) all elaborate on the social construction of emotional realities in grieving. For example, Rosenblatt conceives of bereavement as the loss of a social foundation "used to organize, define, validate, anchor and provide meaning" (p. 68). These perspectives are consistent with emerging notions in the study of emotional development and regulation (see Campos, Campos, & Barrett, 1989; Denzin, 1985). Emotion is conceptualized so as to embrace the relational significance of events to the person. As well, the diverse manner in which any one emotion may be expressed by different persons across or even within cultures is explicitly recognized.

Turning to the realm of complicated bereavement, the enduring limbo and paralysis explored textually in the present study is consistent with an errant possibility mentioned by Cochran and Claspell (1987). They suggest that "one might struggle so determinedly that one successfully blots out grief and makes of life a twilight zone of confusion between authenticity and pretense, meaning and delusion" (p. 111). From the perspective of mainstream bereavement literature, we could certainly compare participant stories to the categories of complicated bereavement posited by Parkes and Weiss (1983), namely unexpected loss syndrome, conflicted grief syndrome and dependent grief

syndrome. Or we could search for evidence of dysfunctional attachment patterns leading to what Bowlby (1980, 1988) calls defensive exclusion. Researchers from the Langley Porter Psychiatric Institute have noted similarities between phase models of bereavement and the process of posttraumatic stress disorder, namely, outcry, denial, intrusion, working through, and completion (Windholtz et al, 1985; Horowitz, 1986). Complicated bereavement is related to a combination of circumstances involving dysfunctional self-images arising from conflicted relationships and constricted emotional regulation (Horowitz et al, 1980; Horowitz, Bonanno, & Holen, in press). As the present text has shown, however, these perspectives miss the lived complexity of struggle and surrender, the shattering of self-identity and world view, and the difficulties of accessing social support in the face of horror and tragedy.

In terms of potential research, it would be fascinating to explore in more depth the expression of emotional pain and its relation to meaningful self-transformation. For example, as clinicians we may be attuned to "knots in the stomach," but how can we explore from a research perspective the relation of emotional pain to the body? What is the particular transformative power of owning and expressing rage and anger? Such moments often appear, in retrospect, as turning points in healing. Is active self-expression, as suggested by Attig (1991), the key to emergence from the helplessness, disempowerment and paralysis of grieving? One is reminded of the story of grief and the headhunter's rage told by Rosaldo (1989, p. 1):

> If you ask an older Ilongot man of northern Luzon, Philippines, why he cuts off human heads, his answer is brief, and one on which no anthropologist can readily elaborate: He says that rage, born of grief, impels him to kill his fellow human beings. He claims that he needs a place "to carry his anger." The act

> of severing and tossing away the victim's head enables him, he says, to vent and, he hopes, throw away the anger of his bereavement.

One interpretation of this puzzling cultural practice may be that the headhunter's action seemingly surmounts the power of death, returning the survivor to a sense of personal strength and control. What other active (but less destructive) expressions of self are critical to the re-empowerment of the person in our culture? As well, what other kinds of turning points are reported? What kinds of experiences, both inwardly and socially, help people to entertain their pain more openly and directly, or vice versa?

To assert that the emotions of grieving must be expressed also hides the social complexity of owning and acknowledging such turmoil. It suggests that the expression of feelings is primarily an intrapsychic experience when more accurately such expression must also be characterized as social in nature. Stroebe and Stroebe (1987) are insightful in asserting that social relations facilitate grieving through providing a supportive atmosphere in which the bereaved can express feelings, explore the impact of loss, clarify the meaning of the event, carry out social comparison processes, and receive encouragement and acceptance to counteract anxieties, despair and loneliness. But the immense body of social support research treats this concept as an only partially differentiated notion, so that social support is almost a commodity that can simply be passed out in measured doses (Clark, 1988b). Where is social support when one's central social bond, one's most essential basis of belonging, is lost? Such a bond is simply not replaceable. What if one of the consequent losses is a disintegration of family unity and cohesiveness, as experienced by Nina? In the context of grieving, social

support must be understood with respect to the particular meanings engendered by the specific situation, at both the personal and cultural levels.

As Lofland (1985) has argued, the underlying cultural context in which the bereaved are immersed very likely shapes the entire response to loss. Tragic, untimely and traumatic losses challenge the patience and compassion of not only the surviving person but also their cultural milieux. According to Lofland's analysis, our culture emphasizes deep emotional attachment to only a small number of significant persons, generally conceptualizes death as personal annihilation which is untimely except among the aged, and provides ample time for psychologically-oriented reflection and solitude. In spite of the burgeoning social movements related to death and dying, hospice care and self-help (Demi & Miles, 1986), it can be argued that our culture remains largely death denying.

Against this background, how does the person engage emotional support in the event of traumatic death, when shame, guilt, rage or recurrent images of horror linger interminably in the aftermath? Or when a conflict-ridden legacy haunts a person with deeply personal questions of integrity and worth? Dark, destructive feelings and thoughts, persisting images of death and vulnerability, the horror that such deaths entail, these overwhelming experiences tend to go quietly underground. Fear, disgust, and shame become powerful forces sustaining secrecy for all concerned. Without active expression, these experiences may take on a life seemingly independent of the person's control. The meaningfulness of experience is not explored and thus remains powerful but outside immediate awareness. As the opportunity for authenticity is missed through

resistance to pain, the impact may persist and cripple. Unacknowledged and unexamined trauma assaults self-efficacy, confidence and self-esteem. Self-deception, "a form of self-compromise that systematically sows confusion and disorder within the self" (Fingarette, 1985, p. 62), is either initiated or amplified. Perhaps the special relationship context of therapy is necessarily one of the few places where a person may actively explore the meaning of these losses. But how can greater compassion and understanding be promoted within a culture? Clearly there is a need for research and theory addressing the complexities of grieving in its relation to trauma, to those events which "overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning" (Herman, 1992, p. 33). There must be increasing recognition that even an apparently straightforward loss may be traumatic in nature (e.g., Van der Hart, Brown, & Turco, 1990). There is a need for research which explores the living of limbo, the associated feelings such as shame, guilt, rage and despair, and the means by which self-deception and disempowerment may be sustained or ameliorated in these conditions.

Clinical Implications

> Therapy is a dialogal struggle for life-formative storying, for finding the story-formulation of our personal existence with which we can identify wholeheartedly, for which we can stand up, and which gives us a solid and trusted basis for creative and responsible action.
>
> (von Eckartsberg, 1986, p.210)

I was often deeply touched in my conversations with participants. Repeatedly, I witnessed a depth of pain and caring that affirmed for me the deep integrity of human bonds and of the human spirit. The vitality and courage of giving voice to such experience was awe-inspiring. These were stories of suffering, of palpable pain and

anguish, of paralysis and despair, of inspiration and transformation. Ultimately, these were stories of love and compassion. Through the retelling and interpretation in text, I hope the reader too has been drawn into a lived sense of the complex possibilities inherent to personal grieving. The power of storying is the ability to draw one into richly embodied experience, to create a community of understanding at the level of insight. For the clinician who now reads Worden or Bowlby in preparation for working with the bereaved, existing perspectives may more readily be appreciated as condensed versions of rich and meaningful experience. As well, the core significance of transforming the meaning of the connection, lived symbolically through the creation of self-identity beyond death of the other, may be more salient.

A number of the potential difficulties and complications of grieving which are vital for understanding and tactfulness in clinical work have also been alluded to above. These include such dimensions as the multiplicity of loss, the complex nature of the unfolding reality of loss, and the painful problems of trauma, shame and horror that are prone to go unspoken and unacknowledged outside a therapeutic setting. Beyond these aspects, we are behoved as therapists to understand, from the most empathic perspective possible, the confusing and paradoxical nature of grieving. The other person is gone, but their presence seems to be everywhere, in everything I do. There is so much pain and so many tears, when do they end? How long can this go on? Frequently, the markers showing progress and healing are unclear along the paths of grieving, so that a sense of perspective is extremely difficult to keep or attain. There is a rift between the reality of the bereaved and the reality of others not so closely touched by the death.

Others seem to think I should be well into recovery, so why am I so preoccupied and so awfully tired all the time? People tell me I have to let go, but I don't want to forget everything we shared. How do I let go but retain the memories? Bereavement draws us into inexplicable paradox. The person has died but the relationship lives on. To grieve we must stand alone, yet the presence of an empathic community seems essential. We are so utterly separate yet so intimately connected. When we surrender to pain, thoroughly and actively living our authentic personal response, we seem to move through the feeling and on to new meaning. By surrendering to vulnerability and a loss of control, we gain power, we are re-possessed, become self-full and in charge again. When we fight and resist and contain the pain, the pain persists. We are possessed by the feeling, disempowered and paralysed. Entertaining pain, new and unexpected possibilities are opened, possibilities of transcending suffering and of attaining peace and wholeness.

These experiential dimensions are perhaps true of most losses. But what about those losses which are experienced as particularly tragic, traumatic or untimely? A complication of traumatic loss, aside from the potential inaccessibility of the experience from the person, is the lack of understanding and compassion in our culture. Even in the most caring of systems, one may be labelled pathological. The most current theorizing (e.g., Horowitz et al., in press) involves efforts to advance this powerful labelling distinction by situating the source of emotional overcontrol intrapsychically. No allowance is made for sociocultural influences and no credit is given the person for using survival methods probably necessitated by an earlier environment. Such theoretical

efforts may well be necessary for the needs of certain treatment and research systems, and may refine theoretical formulations. But we must ask to what extent the pathology of grieving derives, on one hand, from our expert need to label and classify, to objectify and control, and on the other hand, from the pressure felt by the bereaved to maintain a restrained normalcy so as to avoid being labelled negatively? To what extent are we all threatened by potential vulnerability and loss of control, the "craziness" in grieving, threatened by the terror of death and disintegration? What are the problems of living with and witnessing others' pain that we have not yet addressed? What strength and courage does such witnessing require? As a therapist, I find the normal versus pathological diagnostic distinction troubling and unhelpful. Certainly persons do develop and cope in emotionally limiting ways, but isn't it more helpful to reframe such limitations as adaptive coping styles, once essential for survival but now outdated and perhaps unnecessary. In this way, an invitation is issued to create an alternative story of self-expression, one which includes the possibility of entertaining pain more freely and openly.

Ultimately, the way home through grieving entails remembering and honouring, responding to the call for meaning. As therapists, we facilitate this process by accompanying our client into personal re-collection. Understanding the trauma that may accompany the initial loss of connection, we listen carefully for the deep and often silent sense of helplessness that may require interventions assisting the recovery of personal empowerment. Knowing the structure of human bonding which lies behind grieving, we can assist the client in exploring and owning both the gifts and the problems left by way

of legacy. We understand the loss of self in bereavement deriving from the profound interdependence of social being, and appreciate the challenge to self-coherence issued by the intrusion of powerful and alien thoughts and feelings. We lend strength and support in a context of compassion so that the bereaved may entertain pain-filled memories. Through remembering, the past may be actively rewoven into a meaningful present. We listen and listen and listen, providing the structure of a healing perspective and hope while a client acknowledges sorrow and wrestles with the more threatening of thoughts and feelings. Through active expression of experiences such as fear, anger, guilt and trauma, our client becomes empowered, step by step, and is gradually enabled in his or her emergence from the shadow of death. These basic understandings lend credence to some of the approaches used in therapy, such as guided fantasy, catharsis and completion work, and empowering rituals (e.g., Feinstein & Mayo, 1990; Melges & DeMaso, 1980; Walsh & McGoldrick, 1991). Overall, consistent with von Eckartsberg, as therapists in dialogue with our client we strive for the story-formulation of personal existence with which wholehearted identification can be given.

The Researcher's Experience

An additional aim of this research has been personal consideration of hermeneutic phenomenology as a research method. My particular interest is not only in research approaches that are appropriate to the subject at hand, human experience and meaning, but which are also compatible with the needs of a scientist-practitioner. Based on my experience to date, conversation-based hermeneutic phenomenology is very consistent

with such a therapeutic orientation. The conduct of this research has been a very positive experience, furthering my development as a person, as a clinician, and as a scientist.

Dealing with the latter first, in my view hermeneutic phenomenology addresses that creative region of the scientific process, the border between real world, first-hand experience and the development of intuitive notions that might then be investigated from other viewpoints with other methods. Writers such as Chessick (1990), Howard (1991), Mahrer (1990) and Rogers (1985) have recently identified this need in modern psychology. Hermeneutic phenomenology demands a close examination of existing knowledge, and is an effort to go beyond the limitations and blind spots of that knowledge. When an insightful interpretation is put forth, as exemplified by that of Attig (1991), new worlds of a phenomenon may be opened up for investigation. But even if no gains are made in the advancement of knowledge on a broad scale, at least the investigator turns back to original research and theory with deeper understanding.

The method is challenging to one's conceptions of both science and therapist-researcher, so often taken-for-granted within empirical research reports. For example, having been educated in a largely empiricist tradition, I struggled between a faithful reporting of participant experiences and an aesthetic rendering of possible human experiences that would lend itself to the creation of a provocative text. In seeking a radical questioning, one that pointed to the multi-layered complexity of bereavement experience, I repeatedly found how firmly I was anchored in empiricist assumptions. As a scientist, I was inclined to remain true to the intricacies of each participant's experience, yet hermeneutics grants me the freedom to create any plausible story. From

another position, that of therapist-researcher, I did not feel I could violate the integrity of any person's story, especially in a version that would be returned specifically to original participants.

It is from the perspective of person and therapist that conversation-based hermeneutic phenomenology seems particularly fruitful. In many ways, the research process is isomorphic to the therapeutic process. It is an approach which strengthens therapeutic presence and capabilities. From the beginning, one must develop listening and joining skills. In the preparation phase, one learns to read behind the words of published texts in the effort to illuminate existing biases and preunderstanding. One considers and practices the kinds of questions that might invite participants to share full and vivid accounts of the experience at hand. Through conversations, one learns to listen beyond what is said, to listen for the silence, a skill which is so essential in therapy. One learns to build a safe and supportive atmosphere in which delicate questions can be framed on the basis of growing trust. Overall, an attitude of disciplined curiosity is fostered, an attitude I find extremely helpful in therapy, especially when I feel I am not connecting with a client, that I am missing the meaning of the conversation, or that in some other way we are at an impasse in working together.

Interpretation skills are called forth in conversations as well in the writing. One practices and learns to distinguish essential ideas and notions from the non-essential. To the extent that one is able to demonstrate deep understanding and empathy in the course of conversation, elaboration is probably invited. The learning of interpretation is richly facilitated through working with the data, writing and rewriting time and time again.

One learns to focus on a key idea, to draw the implications out and to portray the nuances with words. Potentially, one learns patience and self-confidence from the process of submitting ideas to participants, friends and colleagues for constructive feedback. Overall, the approach is extremely challenging to one's intellectual and creative resources.

As a creative process, hermeneutic phenomenology requires, and almost certainly develops, both tolerance for ambiguity and trust in intuitive process. Even after initial conversations, I had little idea what form the final text would take. The method is emergent, hinging on a discovery process. Perhaps more explicitly than in other approaches, hermeneutic phenomenology draws on the investigator's own experience and intuitive sense. Along with participant stories, the investigator is the primary resource and principal limitation of such a study. The endeavour to create an insightful text is demanding, requiring a depthful understanding of the phenomenon in question. The research process is both humbling and potentially affirming. In the end, as I reread books and articles studied at the beginning, I often had a sense of really understanding another's contribution for the first time. Perusing articles published in the interim, while my research has been in process, I felt disconcerted and affirmed. Here was Herman (1992) with a wonderful treatise on trauma that rang true for so many of my participant stories, Attig (1991) with an insightful paper highlighting the importance of an active conception of grieving, and Carrere (1989) with a very concise and rich exploration of the personal and social implications of tragedy. Excited to find my ideas shared and

affirmed by others, I was also humbled to know these perceptions were really part of a common knowledge.

For me personally, the demand of this project has been extremely challenging in other ways as well. Given the multiple deaths, crises and changes in my own family while the research has been in progress, I suffered much of the distraction, paralysis and weight of grief firsthand. Life insisted upon intruding into the research process, yet in the end these experiences often contributed to a deeper understanding of my participants and of grief experience in general.

For others embarking on similar research, I would strongly recommend both the use of a research support group and the use of a research journal. Feedback from classmates in an earlier version of this project (Clark, 1991) was invaluable, as was the constructive input of friends and colleagues for the present text. In the final stages of writing, the research journal was a rich asset, a source of forgotten ideas that had nonetheless been considered at one time or another and could now be integrated into the final text. I would not recommend hermeneutic phenomenology as an easy means of research, given the high personal demands and the often frustrating, painstaking creative process. Personally, I am pleased to have turned homeward with my interest in grieving and bereavement remaining as strong as ever. Not all research draws to a close on this note. An additional reward has been my encounter with participants. While clearly not intended as therapy, the approach does seem very consistent with therapy in terms of ethical, philosophical and therapeutic dimensions. Both ongoing feedback and feedback

obtained through the final participant questionnaire indicated how useful and fulfilling participants found their involvement to be.

Limitations of the Study

> Every telling [of a story] is an arbitrary imposition of meaning on the flow of memory, in that we highlight some causes and discount others; that is, every telling is interpretive.
>
> (Bruner, in Turner & Bruner, 1986, p.7)

Through this study, conducted in the tradition of hermeneutic phenomenology, several meaning-full dimensions of human grieving have been explored. The work has comprised an effort to question existing perspectives of grieving and bereavement, to provoke a deeper understanding that challenges the underlying assumptions. The text is intended to provide insight for counselling practise, and to suggest directions for further investigation from within either natural science or human science perspectives.

As a descriptive-interpretive project, the findings are such that they cannot be condensed into a succinct summary statement. Limitations will necessarily have been imposed by the vagaries of memory, by the problems of accessing traumatic and otherwise problematic complications of grieving, and by my limitations with respect to listening, establishing trust, synthesizing and writing. Although a relatively diverse sample of stories was obtained, other stories of loss and grieving may well have yielded other interpretations and insights. Even within the stories retold in Chapter 3, I have undoubtedly not seen or portrayed all thematic possibilities. For example, rereading the work of Marris (1986) in which he describes the oppositional interplay between recovering the lost relationship and the desire to avoid the pain of this loss, and finding

the work of Attig (1991) in which he examines grieving in terms of wanting "the impossible in full awareness of the impossibility" (p. 388), one sees additional avenues to explore with respect to themes of conflict and struggle. The notions of authenticity and self-deception have only been touched upon, yet bereavement can be highlighted as a call to human authenticity. Lofland's (1985) analysis of the cultural context of grieving, as mentioned earlier, points to other inevitable limitations of the present study. As well, other texts of grieving portray certain themes more clearly. For example, Cochran and Claspell (1987) capture the cyclical reworking and interweaving of themes in a manner not shown in the present work.

In spite of these potential pitfalls and limitations, I would assert that the text represents a valid portrayal of selected dimensions of grieving. Feedback from Participant Reflections (see Appendix E) uniformly suggests that I created an inviting context in which to converse freely about experiences of grieving. As well, many comments on Chapters 3 through 8 indicate that participants related in a meaningful experiential way with many dimensions of the text. The extent to which those insights developed in the text can in turn be generalized remains an open question, subject to exploration by the community of therapists and researchers. The work is presented as one interpretation, with clear understanding that the possible meanings and explications of bereavement have by no means been exhausted. The text is only one of many possible that could be and will be written as the dialogue on grieving continues.

Through this text I have retold a story, one of human grieving in general and of complicated grieving in particular. This interpretation is brought forward for discussion

and dialogue. To the extent that the story "rings true" to the experience of readers, and goes on to challenge and provoke their thoughtfulness, the text will be judged rich and depthful. To the extent that my interest as a psychologist and therapist has been utilized and rendered explicit, the text will be found strong and oriented. Ultimately, the test of validity originates in the community of readers, who through discussion and criticism will point to the fullness and adequacy of my position. Turning homeward, I inevitably ask, "What has my contribution to the body of knowledge been?" It is a question for all readers to consider. And given the personal nature of understanding, I expect the answer will be unique for each.

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APPENDIX A

CONSENT TO PARTICIPATE

I am aware that the purpose of this study is to understand the grief of persons who have experienced the death of a loved one. Through interviews, I will be asked to describe my experiences of grief in as much detail as possible. The study will be conducted as a Doctoral Dissertation by Graeme Clark, Chartered Psychologist, under the supervision of Dr. Ronna Jevne, Professor, and Dr. John Mitchell, Professor, all from the Department of Educational Psychology, University of Alberta.

I agree to participate in the study and to be interviewed about my experiences of grief and bereavement. I understand that two or three interviews of about one to two hours will be tape recorded. I agree that my participation is completely voluntary, and realize that I may discontinue my involvement at any time. I am aware of the risk that in discussing my experiences, distressing feelings and memories may be aroused. If I raise concerns which I desire to discuss further with a counsellor, Graeme Clark will suggest resource persons I might contact.

I am aware that all information is confidential and that my identity, along with the identity of anyone I mention, will not be revealed at any time. I understand that in any portion of the interview transcripts used in the final report, in articles or in talks about the research, details will be changed so as to make my identification impossible. As well, the audiotapes and interview transcripts will be stored under lock and key in Graeme Clark's office. Audiotapes will be erased by him upon completion of the study. Transcripts will be disguised so as to protect my confidentiality, and will be maintained as confidential files. If they are to be used for any additional analysis in future research, separate ethical approval by an Ethics Committee will required.

Any questions I have about the study at any time will be answered by Graeme Clark (phone 436-9506). I also understand that at my request, he will discuss the results of the study with me when it is completed.

On the basis of the above information, I,_____,
agree to participate in the above study.

SIGNED_____ DATE_____
ADDRESS_____

WITNESSED_____DATE_____

APPENDIX B

BACKGROUND INFORMATION, RECORD OF CONVERSATIONS

NINA

Age: 25 — Occupation: Student
Sister's age: 16 — Date of death: July '89
Mode of death: Motor Vehicle Accident
Grieving Complications: Continued to trouble, obsessive imagery, unsupportive family
Conversation dates (time): 3 Oct '90 (1 1/4 hrs.)
27 May '91 (1/2 hr.)

DANIEL

Age: 40 — Occupation: Farmer, teacher
Father's age: 79 — Date of death: June '83
Mode of death: Motor Vehicle Accident
Grieving Complications: Continued to trouble, intense grief and avoidance, prolonged grieving, relationship dysfunction, rage
Conversation dates (time): 27 Sept '90 (2 hrs.)
11 July '91 (1 1/2 hrs.)

REUBEN

Age: 60 — Occupation: Lawyer
Wife's age: 52 — Date of death: Feb '85
Mode of death: Metastatic Breast Cancer
Grieving Complications: Continued to trouble, depression with suicidal ideation, intimacy concerns, obsessive imagery, prolonged grieving
Conversation dates (time): 2 March '88 (2 1/2 hrs.)
29 March '88 (1 1/2 hrs.)
13 April '88 (3/4 hr.)

LOUISE

Age: 61 — Occupation: Nurse
Daughter's age: 34 — Date of death: Nov '88
Mode of death: Diabetic coma
Grieving Complications: Continued to trouble, intense guilt & rage, depression with suicidal ideation, social withdrawal, prolonged grieving
Conversation dates (time): 4 Dec 90 (2 3/4 hrs.)

OLLIE

Age: 57 Occupation: Receptionist
Mother's age: 77 Date of death: June '90
Mode of death: Surgical complications, septicemia
Grieving Complications: Continued to trouble, intense guilt & rage, depression with suicidal ideation
Conversation dates (time): 15 Nov 90 (2 1/2 hrs.)
11 July 91 (1 1/4 hrs.)
(also 3 letters)

CHARLIE

Age: 42 Occupation: Meat cutter
Son's age: 16 Date of death: March '89
Mode of death: Murder
Grieving Complications: Continued to trouble, numbness, dissociation, disavowed rage, prolonged grieving
Conversation dates (time): 8 Feb 91 (2 hrs.)

APPENDIX C

BACKGROUND INFORMATION

Name:

Mailing Address & Phone Number:

Age:

Occupation:

Education and Socioeconomic Background:

Person who died:

Date and mode of death:

Does dealing with the death continue to be difficult?

Family and Other Background Information:

APPENDIX D

EXCERPTS FROM ORIGINAL TRANSCRIPTS

EXCERPT FROM NINA, INTERVIEW #1, BEGINNING SECTION

(after preliminary collection of background data)

Okay, and it was your sister who died?

M'huh, yep.

What was her name?

(Provides sister's first name.)

And how old was she?

16.

16...And it, she died <in - what, the date?>, ya, when?

Ah, July 21, 1989.

And your friend told me that she was killed in a car accident? <ya, ya> ...Do you find that um, at this point in time, the loss of her continues to give you kind of a difficult time?

Oh ya, oh yes <ya?> ya, m'huh. Absolutely (uneasy laugh). <O.K.>

I don't know where you want to begin, but basically what I am interested in learning Nina is just in hearing about your experiences of grief and bereavement <okay> in as much detail as possible. <okay> Just take your time and tell me what you would like to tell me. I will ask questions as we go along perhaps to clarify things, but <okay> begin wherever you like <I hope I stay guided here (chuckle), I am a little...> well don't worry too much about that <okay>.

Um, okay. She was killed suddenly, obviously you know, she had been having some psychological problems before that. She had attempted suicide a few times so before she had died I had been through terrible trauma with her taking to the psych ward and what not because of these suicide attempts and you know, I was really afraid for her that I was going to lose her that way...and it turned out that well, approximately two weeks after the last time I took her to the hospital - well my mother and I took her - um, this is when the accident happened. So it was, it was during a time of terrible trauma already, but

nobody really expected it because she seemed to be getting better and she was getting counselling and what not. And she died not as any result of her own doing, you know, it was her boyfriend who was driving the car and he happened to run a stop sign, but there wasn't any alcohol or drugs involved they found that out. But, right after the accident - well, we got a call at 11:00 at night and, I was staying with my grandmother and my little sister was also staying with my grandmother at the time. <How, how old is your little sister?> My little sister, she was 16 <oh okay> ya, so she was staying um with my grandmother, we had had supper and, so when we got the phone call we got a phone call that she was seriously hurt and to come to the hospital as quickly as we could. And um,.. when we got there, we got to go see her, but she was really, really badly damaged. I, you know, it didn't even really, well it looked a little bit like her, you know, she was in there with all these machines on and it was really quite awful and um, it was then that I really, really realized, that I knew before the neurologist that, you know, that something was really, really bad and the neurologist came in, and he told us quite clinically, which I guess is the way they have to you know, that you know she probably wouldn't live. But then, within the same breath he asked if they could harvest her organs. You, you know like for use for other people, which I thought you know (chuckle) doesn't give you any time to grieve at all even the thought that you might lose that person it seemed to be within the same conversation. So I really went into a um, .. I just, I just got numb of course. I, I think that is kind of natural. I just, I was there but I wasn't there, and I phoned two good friends and they came down and she died within 72 hours and I was with her when she died. But, she got this really, um, warm rush just before she died and I thought <from her hands?> yah, I was holding her hand and it was so warm and tears started to come down her face and I thought my goodness, you know, someth, this is good, something, maybe she is not going to die you know what I mean and it turned out it was just minutes before she died so I figure it was something physiological you know. So, um,...that, well for the next couple of days, well I started smoking (chuckle) that is the first thing. But I couldn't remember what she looked like (incredulous questioning tone). I couldn't remember what her voice was like, it was terrible, it was like I thought I had forgotten her entirely. I thought, my goodness, it, its been 24, 48 hours and I can't remember who she was even, I, I just, I was awful and I was crying all the time and just smoking all the time, and I had quit for four years so it was really, I mean, it was just horrible and I couldn't eat. And then, and then I remember quite distinctly that I thought, no this is, this isn't really how it is. They have made a mistake and, you know, she is going to come back to grandmas and everything's just going to go on. So I, I dealt with it that way, you know. I said it, you know it helped me, it really, it, it really helped me. I just thought okay, so, you know, she is going to be back and you know, don't worry about it right now, you know.

How did it help you?

Well, I wasn't going crazy, I mean before that I was just, I was in a state of panic and I was so sick I was throwing up all the time and I couldn't eat and I think it was something just to help me, I don't know why, I just thought okay she is coming back and

it will be okay. And um, she didn't come back and the funeral, then there was the funeral to take care of and ah, and I did alot of the details for the funeral because my mother couldn't do it. And um ... and at the funeral, I remember, I remember the funeral, I felt very angry because alot of the children came from school. They weren't children they were teenagers. And they came from school, but it was such a, I wanted it to be an intimate thing and it didn't feel intimate at all, you know because there were so many kids and I mean in a way I guess it is good because maybe she had lots of friends, but I don't know, she was kind of a loner. But I think maybe they came because they were curious? <M'huh> Whatever. So um, I was a little bit angry with that but and of course <it felt a bit like an intrusion> ya and, ya and ah the boy that had (brief pause) been in the accident was there and that was awful, cause you know he was driving and he ran the stop sign and it was really hard not - I didn't feel angry, I don't th, I don't think I thought I felt angry, but I really, kind of looking back I was pretty angry (chuckle). But, so it didn't feel very intimate, so we had, about two weeks later a little memorial at her gravesite and also my parents had her cremated and I, I didn't feel very good about that because <mmm> I wanted her her to be there somehow and so now there is just this little box and a name plate and she is gone and it was so fast and I didn't have an intimate experience with the funeral at all. And I just felt like, well it, it was really horrible. I found it horrible and I didn't really have any confidence to tell them how I felt about the, the cremation. But, so.. after that, I just mostly tried to comfort my parents and my grandparents who were really broken up and so maybe, I didn't cry as much, because I was, you know, trying to be strong for them.

Can you give me an example, Nina, the kinds of things that you would do to be strong to them?

Well, I let them cry. You know, and I just said it is going to be okay and you know, I let them cry, I let them talk about her, you know. I tried to bring positive things in into it you know and say, well we've still got each other, we've got to come closer together and try and draw some sort of positive, something positive out of it because my family was quite broken up at that point, you know, my parents were divorced and everything and out of it I wanted to try and have some sort of feeling that something good could come out of it. And so I tried to, you know, be comf..be comforting to them, but what, what started to happen about...three months after she died is every time I was alone, I just started getting afraid to be alone because everytime I was alone I would just break down you know. Just cry, cry and I just felt so sick inside, just sick, like raw. Absolutely raw inside. And it was everytime I was alone. When I was with other people I was fine so, (chuckle) I avoided being alone. Because I didn't really like it very much.

What seemed to happen when you were alone?

Well, just a torrent of, of oceans, you know, I, I, I just, I would look at her pict, I would, the very first thing as soon as ah I alone, I'd grab the albums and starting looking

through the picture and I'd, you know, try and, I had all her clothes because we had sorted through all the clothes. So, I'd, you know, put on clothes. It sounds stupid, but I just, I just wanted to have some sort of intimacy. 'Cause even when she died, I was holding her hand, but there was nurses and doctors and our whole family you know, I was probably the closest to her and she was my only sister. And, so I just never felt like I had any intimacy, you know, or any kind of end. There was no end. You know, we had supper and then, you know, she was in the accident and that was it. And so um, that started happening and it just was so hard that I just avoided ch, you know being alone as much as I could. And then, about well, yah, six months after she died, six or seven months after she died so it would be just spring last year, um, yah, I think, okay, fall, so coming into this spring ya <ya>. So um, I read this book by Mura, Mura Rotenberg I believe her name is, it is called "Children with Emerald Eyes" and it is about autistic children. Because I was interested in going into education, into special education. And there was a case in the book where a little boy, she had worked with him and worked with him and made progress and then he went back to his parents and degressed so badly that um they put him in an institution and she was just broken up because she had worked so much with with this little boy and for some reason that just set me into such a rage and I, I was alone at the time when I was reading it, and I just threw the book against the wall and I was kicking and swearing which it just totally not me. I am not like that at all. And I just found myself almost out of control and it was so bizarre to me. It really took me back and I started crying and crying and my husband came in then and we started really talking about the experience because he wasn't comfortable talking much about what happened before this <with your sister> ya, about her. He, he couldn't relate. I mean he felt bad for me, but he couldn't relate how alone I felt. And um, I realized when I read this story that this little boy had so much potential and like I really drew up a kind of an analogy with my situation that I kind of was, my little sister's caretaker because I was her older sister and she had such a hard time in life and, you know, I really, I took, I took a special care to take care of, you know, watch out for her and there was like nothing I could do, you know. It just happened and I had no control, you know, so I think I really, maybe that's what started me off when I saw how angry I was at you know, at the way she, the way her life went and the way that she was treated. She had such a sad little life and died so young and I had so many opportunities and you know, a much better life, I think, you know it seems you know qualitatively (chuckle) anyways that I had so many more experiences and I felt abit guilty about that you know. Because you know it was so short for her.

EXCERPT FROM OLLIE, INTERVIEW #1, BEGINNING SECTION

(After preliminaries of collecting background information and signing consent form). So what I'm interested in learning about is in understanding is what your experiences of loss have been relative to your mom. And I don't know where the best place to begin is. Maybe I can just have you start where it seems right.

(Sigh) I don't know where to start. Of course it started, it started at the hospital I guess. Um, so many things ah, okay, it even started when I took her in. Yah, I had called the ambulance, I took her in to hospital. Got down there, it was shortly after 3. And then (sigh) it was a tough battle to get her up to her room. I, I finally got her up there to her room at 8:00 that night. The poor soul she was so in pain. And ah <just having a lot of pain suddenly?> oh yah, well she had a, I can't even pronounce it right, a dumo, demo ulcer, whatever at first. But that time we didn't know that you know. And then I was, of course, I just. She phoned, she managed to get to the phone and phone me at work so I dashed right home because I knew there was something wrong. And ah, I got here and before I could even you know get anything, she wanted the dish cause she wanted to throw up. So she must have been just laying there all that time you know. She couldn't get up to get a dish. So I got her the dish and then I went and called the ambulance and in between then I went back to her and then on a paper I wrote down you know what pills she was taking all this stuff. And they were here shortly and took her. Then the doctors there. They, of course, most of them were interns. So, there was two of them they called some more and they, you know, every time they touched her she was so in pain. Because mother's one that doesn't will not say anything you know. She can bear alot of pain without saying anything. But, she was really in pain. <M'm huh> She was just moaning. So (sigh) they thought it was um, they thought it was pancreitis and they just you don't operate on that or something, I'm not too familiar with this. Anyway, they were discussing all this and they were going to call another doctor. By (sigh) this time, I had phoned, my brother was out golfing, I phoned the golf course and I told them it was an emergency, to get my brother. They didn't. Anyhow, I left the message and he finally got the message when he was through golfing. So he arrived at 6 o'clock. (sigh) And I, well we finally got her up to the room and and the room she was supposed to have, the bed wasn't even made 'cause when we got up there the nurses were standing and they said the bed wasn't made. Finally put her in another one, nothing (sigh) they hadn't given her anything for pain or nothing, she just you know and I had to help the nurses even lift her up to the bed (sigh). And then I stayed there. It was 10 o'clock and I was still there. Nothing, nobody come in or nothing you know. Finally I went to the desk and they said well a doctor would be up. This is after 10. And they said you can't do much now, so, you know, go home. So, I went back and looked at her and she was, because sort of half dozing her you know. I covered her feet and then I left. So, (sigh). Well I phoned the hospital next morning from work. Now this is kinda hazy on me. Um, <just, just remember it as best as you can> and, oh the doctor, it seems to me the doctor that was supposed to operate some, something happened there, but he didn't and this other doctor, I got their names written down, I think this doctor (tries to identify the name). Anyway, ah...He called me at work and said that mother was pretty bad shape, we're going to operate on her. And, I have the consent form that she managed to sign, so...I left at noon cause they were going to operate on her, it was 11 o'clock. And, it's because um, the reason they said they didn't operate at night, they didn't know why. But yet on the consent form or whatever she, the doctor said, they were going, they were sort of doing an exploratory they still didn't know why. But to me, okay, they didn't know why in the morning, then why didn't they

operate at night? (sigh) (pause, teary throughout) Because all this time during the night when this broke all the, ah, (sigh) infection had spread all through her body then and I felt if they'd operated at night to stop some of that, it would've given her more of a chance. This way she, she went in very weak <to her surgery?> Yah. Ahh, so, they operated and of course they called us in and they told us that it was going to be hour by hour and that was it. And then they said <did they say what they had found?> Yah, the, this duodema - if you talk with Dr. (name provided), she could probably tell you more. She got the last phase of her report, she still hasn't got the final. So when I was talking to her last when she phoned me, I asked her about that, I said because I can't let go. Because nothing is finished (crying). See, when I cry, then my sinuses act up and I get in dire straights here sort of. Anyway, (sigh) they operated. They called us in late. So of course she went into the trauma unit and we saw her, with all, I think she had about 14 different tubes running in her (m'huh) and she was on the life support machine. But, one time they just - well before they put her on that, she sort of came to and the first thing she asked where were her teeth. Of course I told her, her teeth <her teeth? okay> I told her I had them. I told her she couldn't have them until they - well I guess they had them in because ya, because she had a hard time making the words and she was making these gestures and then you went cause she always asked for her teeth. So, I told her that she couldn't have them until they removed the ah, tube from her mouth. Well of course that never happened. (pause)...(teary, sigh)...

Anyway they were in this operation they run water through to flush out all the infection and she looked just like a mummy. She was all bloated with water in her you know, you just, she was the same from her head to her feet. She was just like a mummy, just huge...So anyway, a few days later they took that away. I'm probably missing some in between. I've got notes every day that I've been there <m'huh>. Ah, they took a few days later, yah they took that off <they took the?> the ah, they stopped the whatever, fluid, <fluid going through> going through, yah and they took that away. Then she sort of came back down to her normal size <m'huh>. But the life support which she had all the time. That was the worst part. She was (pause - pained crying) she was never able to talk to us. <Because she had the life support?> Except they had of course they have all taped up and she couldn't talk. So all the time she was in there from, I guess they operated since the 6th of June until she died the 24th, she never spoke. She couldn't speak (sniffling). When they took the life support out to try and get her back regular, of course, we couldn't be there cause that was the time ah, the time from, what time was it?..there was certain times you couldn't go in there. <Certain time of the day like?> Yah. <okay, m'huh> Ahh. I forgot what time it was even. Ahh. I think it was from 11, 11 til 2 or something like that <m'huh, m'huh>. You'll have to excuse me. <yah> (Long pause as Ollie leaves room to clear sinuses)...

Ah <you weren't able to be there when they took out?> Oh right yah <the life support> because that's what they call their sort of quiet time when they, I guess, do things with the patients and catch up on their charts and whatever, anyway. Because ah, the one time they took the life support out of her, we felt that they had done that and left

her too long to try and breath on her own. Cause when we arrived there, I was there every morning at 7 o'clock and ah, then I would go home and then my brother would go down or his wife <m'huh>. And then I'd be there in the afternoon again. And then sometimes in the evening and sometimes my brother would go in the evening. Anyway, we felt this one time that they ah left her without, they were pushing her too much, cause when we got there her face was red, like I mean, I mean, she was, she was in pain then. So they gave her morphine and well they had her on morphine quite a bit anyway (m'huh). Most of the time she was on morphine cause she was they had her sedated quite a bit. So there, we felt they were ah pushing her too much and they said okay, we want to get her you know going back on the normal life, well this is fine, but of course, I didn't, I didn't say anything at the time, cause I felt "okay, they know what they're doing. Better than I do." But thinking back after all this you know, okay, the hospital is a, it's a learning centre sort of thing and things can be pushed a little bit too much, in a way (sighing). Then she had to go for another operation. A week later she went for another one, same Wednesday, the next Wednesday. <so she went for three all together?> She went for two <two, oh> because she went the next one they found that the, where they had the tube draining whatever was leaking around the tube. So they phoned us at night that they were operating again. So, I think it was about 9 o'clock, and they told us not to bother coming down because when she come out she wouldn't know us anyway so. I was down there in the morning again, and ah, after this operation, a few days later. I think it was a few days, I should check my notes. Did you want me to do that? <No> No, okay <just go on how you recall>. Because it was after the second operation, it was a few days later like the doctors, the doctor even sa-said you know there was a flicker of hope. And this is the only report that Dr. (named) got was after the second operation and she had the same thing that the doctors that there was a flicker of hope. So anyway, but...(emphatically) Again they ran the water through her. This time it went into her...skin?, pores or whatever and stayed there. She stayed and it wouldn't go down <all through her body?> yah and her face was big (emphasis). (sigh) And we asked the doctors you know can they do anything and they said, no because it's gone into the skin. It's gone into the pores whatever, there is nothing they can do. Oh my God why didn't they stop that sooner when they first noticed it.

So had, had it leaked out of an intravenous and gone into her skin?

No, they had flushed her again. They have these, I don't know, two big water tanks sort of on the side and they are hooked up into your system they sort of go in through you. You can hear them. They just sort of like flushing <mm, okay> but they are two, I don't know, they are plastic cannister things and they are on the side of the bed. And ah, they again, flushing out the infection. Well that was fine. But she was coming around. But she, she was <she must have looked really different?>) We had closed casket. We couldn't open it. She didn't look like herself at all. (Pause, crying). Then, when she was a little better there <and there was a flicker of hope?> Yah <she was

coming along?> Yah, she was and it was they moved her to the back room where there was a television and that but (m'huh) she didn't really want that on.

And was she off life support now? She still had the tube in her mouth?

Yep. They were still working on her trying to get her to breath on her own <m'huh>. But no she hadn't. Cause like I told her. I took her teeth home every day and I told her and I did I brought em back. Every night I soaked them. I told her I was doing this so they wouldn't get dry. And then one nurse said oh you know, shou-you should get her bring her ahh nightgown, housecoat and all that so she can sit up. So I went out there and bought over $150.00 worth of nightgown and housecoat. Thank God I just washed, like you know washed one housecoat and one nightgown because the rest I had to take back but these I couldn't because I had already washed them and I wanted them clean you know and take them into her <m'huh>. So I did that, but then, I don't know, am I in the 3rd week? Ahh (sigh) there was a few days there when she was fine and then all of a sudden it was a Thursday and she got this awful diarrhea. Thursday?, yah Thursday morning when I was there. And ah, my sister-in-law came...was there at noon. And of course she said she wasn't very good either. She was she had this awful diarrhea. So I was back in the afternoon 2:00 and again she, you know, was not looking good about then and then it just gushed out of her and this one nurse well it was her nurse cause that when you are in trauma you are supposed to have this special care with the one nurse and so I was standing by the bed and it just gushed out and the nurse came by and I said you know, can you please change her. She just looked at me. She says I've changed her at least 20 times. Took her sweater and took off. I was just standing there (crying) by the bed. Poor (pained sobbing)...she just left her laying in it and mom was such a sweet little old lady she wouldn't want that. You know she'd be so embarrased. She...(pained crying). So I didn't know what to do.

EXCERPT FROM DANIEL, INTERVIEW #2, (PAGES 5-10)

> (Daniel blows nose, teary) It seems like you've gotten there too...by largely through your grieving, and that seems to have really focused on your relationship with your dad, like it's been a, my understanding of it is that's it's been a reworking of that relationship, it's changed from where it was years, for years, really kind of stalemated <yeah> and it seemed to have even been stalemated for the first few years after he died. Like you had to keep the relationship and keep your connection to him but it was always painful and always stuck (emphasis) there was always that knot in your chest.

Yeah, and, and I (coughing) pardon me, I think that, like when I, I don't know there are some pretty um, bleak pronouncements on life, like change always brings loss or life is a series of losses. Um, part of that is true, um, but I guess that, it's like that bittersweet sort of thing, you know like if you and for, for me if I, if I think about, you know committing myself to a relationship well that means giving up something, but it all, I

mean there's a richness and discovery of you know whatever else is being pursued. Uh, and it's given more of an appreciation that my own life is transitory, like I, and I've, I guess I've, I've thought about this in different terms well, you know, I'm in my forties now, um, I see my children as adults, I see my, my mother as an elderly person and I mean, that, that's chronologically correct, um but it's um, it, part of that I think comes out of the um, you know, what, what you call being, refer to as being stuck or being frozen in time, um, I feel like I'm, I'm unfrozen now and I'm back in the river of life, and I have this sense of time passing and um, I even, like when I think about the, how long did I live in that town, five years? Closer to six probably. That, that was a time of, uh, largely being frozen, like afraid to change, or going along with things and trying to keep things the same, like I wasn't nuts about my job, but I was determined to keep going, and I mean there were, I found all kinds of reasons, you know like, and they were, they were good reasons, I think, like the, well the kids are in school, uh, you know, wouldn't it be nice to have a home and so on, and put lots of energy into those things but, um, you know when I, when I look back I think I talked to you about this before I feel like I took on lots of responsibilities, including responsibilities for farms and responsibilites for caring for my mom. Um, but, the, the fundamental responsibility that I neglected was my responsbility for myself, to see my life as being short and getting shorter all the time, you know, going with and acknowledging the flow, of, of life and time and um, clinging desperately on to things, um and maybe wanting time to stand still rather than acknowledging yes, life must go on, time is passing, um, what am I doing with my time, what am I making of my life.

> At that time were you aware of being kind of frozen in time and frozen in your grieving? No? <Not really, no> You were aware of the pain wanting to come up, but uh.

It was uh, (pause) it's, it's funny because when I think about that there were things, like, that was, that was kind of my way of being before dad died, and um, I, I just wanted to talk about this. Like when I, when I think about when I used to, you know, drink too much on a pretty regular basis <um hum> uh, like, I, I don't know, I've never been able to figure that one out very well, um, (pause) I'm feeling a bit lost here (pause) um, <just take your time...lost in just trying to understand what was happening back then?> yeah, cause that was, like I feel like, I feel like, well, I feel like lots of my adult life has been painful (pained voice, sigh). And, (pause) and I'm, I guess I'm trying to figure out well, like, it, it was as though, it was though the event of dad's death really then amplified all the other stuff that was going on or wasn't going on, you know um, how I was, how I was dealing with things, or how I was keeping feelings inside. Like that, that whole business of not being able to express my feelings didn't start the day my dad died. Um, but that had pattern of, of being, you know. <Um hum, and then, and then when that event came along and was so difficult...> yeah, it was like ka-boom, um, <and you still couldn't, it meant you couldn't process it> yeah, it, it was all, it was amplified to such an extent that I, I mean it was, it was there, it was out and, and then it was like I got busy trying to you know, put everything back in place, <you had to

work harder to get it back in place> yeah, stay, stayed busy keeping things as they were, sort of thing.

> Okay, see what I'm trying to understand um, like in your story as you've told me about it, there's a real transition and also a real tension and I think this is true probably of all grieving, but, on the one hand there's, there's containment and holding things in, and preserving oneself as one is, and on the other hand there's kind of surrendering to the feelings, surrendering to the grief, expressing it openly, sharing it...and there's a real tension between those two, of containment and immobility and frozenness in time and expressing and surrendering and I'm trying to understand, you know, that tension and, and it seems like when someone is having a problem with their grief, um, they get more uh, more stuck in the frozen, immobilized end. <Yeah> To move out of that is very threatening, so grief is very threatening. I don't know, does that, does that kind of make sense to you?

Yeah, yeah, it's, it's the yeah, I like, I like the you know talking about feeling frozen and then um, it's, it's like you know when the, when the season changes, and, and something can be frozen for a long time, but then there's this inevitable movement and change, and it's uh, I guess, I, I don't want to go, I don't want to go away from my own experience, but it's, I guess I felt with the, with my dad as long as he was alive, um, you know, he, he...he held a very important place in my life uh, in terms of who I should be (emphasis), uh, and then when he died it was like, I held, I held that image sacred, like okay dad's not here physically but I have to remember all the things he would of wanted me to do. And that, that sounds really childish in a way, it's like, oh, I better be good or my dad will be mad at me, um...

> But then, does that also then stop you from feeling a lot of the feelings that came <oh yeah, like I> to feel them would be to go against that, would be to start treating that as not sacred.

Yeah, but to go back to the yeah, uh, it, it took me a long time, like I think I remembered you know talk, reading about saying well, yeah it was uh, I, I got angry with him for some things, I got angry with him for being a tyrant, you know, and, and, you know whether it's fair to call him that or not I felt like he was a tyrant in some ways, I, I let him be a tyrant I guess, um. And then, after a long enough time realizing that, that that frozenness either could go on forever or I could start to move and, and, and flow with life, yoy know.

> What helped you to realize that?

(long pause, big sighs) I guess, I guess, I guess it was experiencing other losses (questioning tone). <M'm huh> Um, I'm, I, and I'm not, I don't know, uh, I guess as a, as a direct cause and effect I'm a bit um, I'm not completely comfortable with that, but, but in my like in my sense of you know, losing the dream of family, when I was

divorced, um, my year of feeling absolutely dejected and doing everything I could to get back into a relationship with (person is named), which in retrospect seems like it was something that I desperately needed at that time. Um, but, like for all the wrong reasons. <um hum> Um, it was, it was like, um, running headlong into those painful things, that, I mean it was, um, (pause) I, I guess it always brought me back to looking at myself and saying well, how much, uh, how much pain can I endure in my life, do I want to feel like this forever? What can I do to make things different? You know...(sighing).

So somehow you started to question and examine, reflect on your pain <yeah> differently.

Yeah, yeah, and to look at where it had come from <um hum> and uh, and to see some patterns in you know like...why I, I mean, I guess to, I guess it uh, one of the things I saw was that oh yeah, well, I, I did have a part in my marriage, um, not only as a, as, well I contributed in all aspects including its ultimate failure, um and then I, I mean, it's hard to know which came first, like these things were all, all seemed to be kind of uh, hand in hand um...

But it's like you started to confront yourself as having a hand in other things that were painful as well?

Yeah, and not only painful, but thinking well, if good things are going to happen in my life then I have to be, I have to put energy and direction into making them happen. Um, the um, oh, I, I, I remember talking about and um, and, and well talking about feeling. This uh, sense of uh, of being a loser you know, somehow I, I would never do well in my life. <um hum, um hum> And that uh, you know, I, I used to look at my resume and say well, this is, this is a pretty respectable looking resume, you know, why don't I feel good about being the person behind it? Uh, so, I, I'm feeling confused here, because I like I don't, like I say, I don't which came, came first. But I was, I became quite aware that there was this split between who I could be without being some kind of new age wonder, (laughing) and who I, who I felt like I was, 'cause I used to feel really shitty a lot. (Big sigh).

Somehow, you got that perspective, there was some distance there, you could <yeah> see yourself.

Yeah, yeah, and I, and I, the, the breakthrough for me, and I don't know how it came, was thinking, Oh, well, where my, where my energy is, is in all, all these feelings, good or bad, um, and if I can be in touch with my feelings, if I can say what I see, if I can say what I feel, um then I'm, then I'm living life more fully. Um, so it was (pause)

So that was an invitation, you invited yourself in to maybe experiencing some of those feelings more fully exploring them...

Yeah, and, and once that started to happen it was a very powerful and exciting thing and it was like, it was like, it was more and more energy coming, coming up. And it's um...

> So you moved from a, a story of yourself as staying the same and doing everything you could to preserve yourself the way you were to and, in spite of knowing that that was very painful and unsatisfying, to a story of, hey, I can really learn and grow and um, embrace a lot of these things much more <yeah> and come home to myself <yeah> is what it's come to be more...

Yeah, and that's uh, oh it's uh, it's wonderful, like I don't, I don't go around, like I don't feel like some born-again type, I just have a real sense of my own strength, for, for a the richness, like it's, like I haven't forgotten all the good things that have happened (pause, emotionally) um, but a lot of them are tied up with painful stuff as well, you know like, and, and I guess that, that, that um, you know, that, that hooks into my relationship with my dad. I, I can see both sides of that, um my, my memory of you know, the good old days with my children growing up (sigh) and how, how painful it was to relinquish that, the dream of that, the dream in a sense that, um, and sharing, sharing that richness of family with (my ex) and so on, like that's not possible anymore. Um, but I've, (sighing) I've been able to, I've been able to look at that loss and uh, take better stock of, of all the, all the good things that were there as well as the things that were not good for me, or things that I did that weren't good or whatever and well, it's helped me to uh, it's helped me to get over blaming. I still get really angry about that, but I don't, it's not, it doesn't feel like real stupid anger like it used to, it's not a, it's not a blind kind of rage. Uh, (pause)...

APPENDIX E

PARTICIPANT REFLECTIONS

NAME:

DATE:

1. What was it like for you to speak with me about your experiences of bereavement?

2. Have you felt, said, or done anything differently as a result, or partly as a result, of taking part in this study? In other words, what impact has participation had on you? Please be as specific as possible.

3. If you were telling someone else who had also lost a loved one about our conversations or any other aspect of the study, would you recommend that he or she participate? Why, or why not?

4. In light of your participation, have you any other comments or suggestions?

5. Would you like a copy of the complete research report? Please circle one.

Yes No

Yes No

** Adapted from James, J. (1989). A view from the other side: The experience of